AIDS & AFRICAN-AMERICANS: *It's time for action!*

A Strategy Development Project for HIV Prevention and Risk Reduction for African-Americans

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Researched and prepared by
HEALTHWATCH Information and Promotion Service, Inc.
with funds from the New York State Department of Health AIDS Institute.

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Health Watch

Foreword

HEALTH WATCH Information and Promotion Service, Inc. (HEALTH WATCH) is pleased to share with you, the results of this research project. The purpose of the project was to develop a statewide strategy for HIV prevention and risk reduction among African-Americans (persons of African descent residing in New York State). To the best of our knowledge, this project represents the most comprehensive study in the United States to date of factors contributing to the disproportionate and increasing prevalence of AIDS in African-Americans, and of actions indicated to reverse this disturbing trend.

In addressing HIV prevention and risk reduction in New York State's African-American population, HEALTH WATCH's research design involved dividing that population, for study purposes, into the following seven sub-groups:

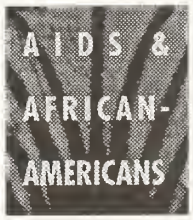
- Adolescents
- Gay and bisexual adult and adolescent males
- Heterosexual men
- Lesbians
- Prisoners (current and former)
- Substance abusers
- Women of childbearing age

It is recognized that a given individual might fall into more than one of the above categories. Further, while not excluded from the study, older African-Americans were not specifically studied because the prevalence of AIDS in this group is relatively low.

Special attention is given to the role of "The Black Church" regarding HIV prevention and to the role of African-American leaders. For each of the seven population sub-groups (Chapter 1), Black Religious Communities (Chapter 3), and African-American leaders (Chapter 4), a strategy table suggesting overall and specific strategies and activities to increase HIV prevention and risk reduction behavior is presented. For each specific strategy, activities are suggested for governmental agencies, and for communities and organizations. These tables are included to facilitate adoption and implementation of the strategies.

Although African-Americans were the focus of this research, HEALTH WATCH considers many project findings and recommendations pertinent to other racial and ethnic populations, given the fact that they share numerous experiences and per-

THE INCREASING THREAT OF AIDS TO THE FUTURE HEALTH AND WELL BEING OF AFRICAN-AMERICANS HAS SERIOUS AND MULTIPLE POTENTIAL NEGATIVE CONSEQUENCES



spectives in spite of their diversity. Similarly, many project findings and recommendations have relevance to economically disadvantaged non-minority populations. This is so because health status and practices are more closely correlated with economic status than with race or ethnicity.

The increasing threat of AIDS to the future health and well being of African-Americans has serious and multiple potential negative consequences, not only for this population, but for New York State, the epicenter of the AIDS epidemic and the nation as a whole. Therefore, HEALTH WATCH appeals to each reader to carefully review this report, or sections of particular interest, and without delay take action as he or she deems appropriate.

AIDS AND AFRICAN-AMERICANS: IT'S TIME FOR ACTION!

Norma J. Goodwin, M.D.
Founder and President

About HEALTH WATCH

HEALTH WATCH Information and Promotion Service (HEALTH WATCH) is a 501(c)(3) non-profit corporation committed to improving the health and longevity of African-Americans and other minority populations by providing the information, motivation, and skills needed to make positive lifestyle and behavior choices; and by facilitating increased understanding and support of minority health issues and concerns. HEALTH WATCH accomplishes its mission by:

- identifying "at risk" behaviors and lifestyle patterns;
- developing and disseminating culturally sensitive messages, materials, programs and services;
- conducting conferences, workshops and community forums; and
- conducting behavioral research aimed at minority health improvement.

The organization brings to its mission a fundamental belief that culturally relevant health communication and promotion can have a measurable impact on the health of African-Americans and other minority populations in the United States.

HEALTH WATCH has collaborated with more than 200 national, regional and local organizations, agencies, and corporations, such as the NAACP; National Urban League; National Baptist Convention, U.S.A, Inc.; National Institutes of Health; U.S. Centers for Disease Control and Prevention; New York City and New York State Departments of Health; Office of Minority Health of the U.S. Department of Health and Human Services; U.S. Conference of Mayors; American Diabetes Association; American Cancer Society; Smith Kline and French Laboratories; The Xerox Foundation; Equitable Life Assurance Society; Metropolitan Life Insurance Company; Caribbean Women's Health Association; Abyssinian Baptist Church; Bedford Stuyvesant Lions Club; Central Brooklyn Coordinating Council; Gay Men of African Descent; and the Women's Medical Association of New York City.

ACKNOWLEDGEMENTS

HEALTH WATCH expresses special thanks to the New York State Department of Health AIDS Institute for funding this important research project. Appreciation is also due the U.S. Centers for Disease Control and Prevention, the original source of the funds for this project.

Finally, sincere thanks are extended to the numerous organizations and individuals who participated directly in this project or assisted in its conduct in other significant ways. The names of these participating organizations and individuals are listed in Appendices C and D.

HEALTH WATCH takes full and sole responsibility for the contents of this report.

Executive Summary

PROJECT PURPOSE

The purpose of this 18-month research project, conducted from March 1, 1992 through September 30, 1993, was to develop a statewide strategic plan for HIV[1] prevention and risk reduction in African-Americans in New York State. Funded by the AIDS Institute of the New York State Department of Health, this plan can be used in other states and localities, with appropriate adaptations. The mortality rate from AIDS is high. As of September 1993, 60.2 percent of all persons known to have had AIDS have died. [2]

Since the disease was first defined in the United States in 1981, a strategy for HIV prevention and risk reduction for African-Americans in New York State was very much needed because the African-American population here is disproportionately affected by the AIDS epidemic. For example, data from the New York State Department of Health indicates that as of June 1993, African-Americans made up 14 percent of the state's total population, but comprised 35 percent of the 60,570 persons in New York State with AIDS. Most African-American males contracted AIDS through intravenous drug use (51.1 percent) and homosexual or bisexual contact (33.6 percent). In females, intravenous drug use (62.5 percent) and heterosexual contact (21.8 percent) were the major methods of infection.

This plan includes strategies for:

(a) seven major African-American population sub-groups (adolescents, gay and bisexual adult and adolescent males, heterosexual men, lesbians, current and former prison inmates, substance abusers and women of childbearing age);

(b) Black Religous Communities;

(c) African-American leadership;

(d) HIV counseling and testing; and

(e) Public communication. Given the scope and intensity of the research on which these strategies are based, their implementation should substantially decrease the spread of HIV/AIDS among African-Americans in New York State and thus, its devastating consequences, not only for those directly affected, but for all New Yorkers.

A STRATEGY FOR HIV PREVENTION AND RISK REDUCTION FOR AFRICAN-AMERICANS IN NEW YORK STATE WAS VERY MUCH NEEDED BECAUSE THE AFRICAN-AMERICAN POPULATION HERE IS DISPROPORTIONATELY AFFECTED BY THE AIDS EPIDEMIC.

1 Throughout this report, HIV means the Human Immunodeficiency Virus, which is the infectious agent that has been identified as causing AIDS. AIDS means Acquired Immunodeficiency Syndrome, a disease resulting from severe impairment or damage to the body's immune system which protects humans against usual and unusual bodily infections, some cancers, and other serious diseases.

2 According to the U.S. Centers for Disease Control and Prevention (CDC)

KEY PROJECT ACTIVITIES

The primary tasks performed in conducting this project can be divided into four stages: 1) conduct of the baseline research; 2) analysis and synthesis of baseline research findings and development of preliminary strategies; 3) testing and refining the preliminary strategies; and 4) development of the definitive or final strategies. Following is a brief description of each of these stages.

Stage 1 — Conduct of the Baseline Research

Stage 1 involved conduct of the following research activities:

— a comprehensive literature review;

— twenty-four baseline focus group discussions involving seven population sub-groups, numerous community-based organizations, and a group of church leaders;

— in-depth interviews of 92 researchers, representatives of community-based organization, governmental representatives, African-American leaders, public health and behavioral specialists and other relevant experts; and

— analysis of 19 selected print advertisements and broadcast commercials targeting African-Americans.

Stage 2 — Analysis, Synthesis and Preliminary Strategy Development

Stage 2 of project activities involved HEALTH WATCH's analysis and synthesis of findings from the literature review, baseline focus groups, and in-depth interviews in order to develop preliminary strategies for HIV prevention and risk reduction among African-Americans.

Stage 3 — Testing and Refining Strategies

To obtain advice concerning the proposed strategies; ensure that the final strategies developed were considered acceptable and feasible by African-Americans; and obtain reactions to preliminary findings, two all-day workshops were conducted:

— a Grassroots Workshop with 45 participants representing older adolescents, gay and bisexual men, heterosexual men, lesbians, parolees, substance abusers and women of childbearing age. Activities included the conduct of seven sub-group specific focus groups.

— a Leaders and Experts Workshop with 40 participants, representing the following groups: elected officials, religious, civic, corporate and community leaders as well as public health, medical, and behavioral experts, and criminal justice and substance abuse specialists. Seven focus groups were conducted among participants during the workshop.

After the two workshops, the preliminary strategies were revised, and tested in ten final pilot testing focus group discussions.

Stage 4 — Development of Final Strategies

This final Report, which represents the culmination and centerpiece of this research, provides key findings as well as strategy tables for each of the seven previously mentioned population sub-groups, for Black Religious Communities, and for African-American leadership. Findings and recommendations related to HIV counseling and testing, and public communication are also provided.

KEY FINDINGS

- Although African-Americans know the two most common ways HIV is transmitted, (through participation in unprotected sex without use of a barrier method and sharing of needles and other materials while using intravenous drugs) knowledge of other modes of transmission is limited.
- While many African-Americans associate having AIDS with death and with being stigmatized, relatively few are aware of the wide range of physical, psychological, social and economic consequences often encountered by people.
- Even though African-Americans are aware that, theoretically, they can develop AIDS as a result of prior or current practices — and many have friends, relatives or acquaintances who are infected with HIV or have died of AIDS — they tend to disassociate this knowledge from a feeling of personal vulnerability.
- Although most African-Americans who are economically disadvantaged are aware that they may be engaging in practices which put them at risk of contracting HIV/AIDS, feelings of helplessness and hopelessness and low self-esteem prevent them from acting in their own best behalf. In other words, there is a very strong link between poverty and attitudes which contribute to the disproportionate prevalence of AIDS in African-Americans.
- Many African-Americans consider institutional racism to be a major contributing factor to the disproportionately high rate of HIV/AIDS in the African-American population, some also consider AIDS a form of genocide.
- Although many African-Americans state they would want to know if they were infected with HIV, most have not received HIV counseling and testing because, among other reasons given, they distrust government and fear they would lose family, social and/or community relationships if they were found to be infected and their HIV status became known.
- Most African-Americans feel that Black religious organizations can, and must, play a much greater role in preventing AIDS in their communities.
- Many African-Americans feel that African-American leaders and organizations should be much more active in trying to prevent AIDS in their communities.

KEY STRATEGIES FOR ACTION

- Provide culturally appropriate information, messages and approaches, delivered by organizations and individuals which have credibility among African-Americans.
- Provide explicit information and education in non-threatening and familiar environments, using multi-media materials and approaches which have been designed according to educational level and other significant variables such as population and sub-group culture.

- Use peer educators and facilitators for intervention efforts at all levels, including those with African-American religious leaders and other African-American leaders.
- Incorporate HIV related information and discussion in non-AIDS related health and other materials and packages for African-Americans in order to: (a) facilitate the removal of the stigma from HIV disease: and (b) promote the holistic approach to preventive health.
- Increase the active involvement of African-Americans leaders in HIV prevention efforts, with emphasis on the need for their increased financial support, increased community awareness of the severity of the problem, and increased community mobilization and action.
- Increase the active involvement of The Black Church in HIV prevention efforts, in spite of the challenges and complexities involved in achieving this.
- Develop an intensive and ongoing culturally appropriate public communication effort targeting African-Americans.
- Develop and implement an approach to promoting and providing HIV counseling and testing for African-Americans which: (a) recognizes that many African-Americans distrust governmental agencies, and programs believed to be operated or sponsored by them; and (b) uses culturally sensitive messages, and culturally sensitive and credible individual and organizational messengers and providers of the service.

Introduction

PROJECT PURPOSE AND METHODOLOGY

PROJECT PURPOSE

HEALTH WATCH Information and Promotion Service, Inc. (HEALTH WATCH) conducted an 18-month research project, from March 1, 1992 through September 30, 1993. The purpose of this study was to develop a statewide strategy for HIV1 prevention and risk reduction for African-Americans. The project was funded by the New York State Department of Health AIDS Institute.

A statewide strategy is needed because New York State's African-American population is disproportionately affected by the AIDS epidemic. Data from the New York State Department of Health indicates that as of June 1993, African-Americans made up 14 percent of the total population of the state, but comprised 35 percent of the 60,570 persons in New York State with AIDS. Most African-American males contracted AIDS through intravenous drug use (51.1 percent) or homosexual or bisexual contact (33.6 percent); and most females, through intravenous drug use (62.5 percent) or heterosexual contact (21.8 percent).

The overwhelming majority of African-Americans with AIDS in New York State as well as the nation have been male. Thus, HIV infection joins drug addiction and homicide as major contributors to the decreasing life span of African-American men. As more young men die prematurely, their female partners, sometimes numbering more than one, essentially find themselves the only parent of children they are ill equipped to raise. Many of these mothers have inadequate financial resources and support systems, as well as suboptimal parenting skills. The future, then, for these children who represent the next generation, is uncertain, at best.

Another tragic situation which increasingly presents itself is women who unknowingly become infected with HIV through male partners who are infected. It is these women to whom babies infected with HIV are born. Added to the medical problems and poor prognosis of these babies is the probability that they — if they live long enough — and their uninfected siblings will become orphans. Of the numerous other potentially negative sequelae of AIDS in African-Americans, the following bear special mention: additional discrimination because of one's HIV status, the extraordinary costs, and the stress and other difficulties associated with obtaining the necessary medical care and support services.

NEW YORK STATE'S AFRICAN-AMERICAN POPULATION IS DISPROPORTIONATELY AFFECTED BY THE AIDS EPIDEMIC.

1 Throughout this report, HIV means the Human Immunodeficiency Virus, which is the infectious agent that has been identified as causing AIDS. AIDS means Acquired Immunodeficiency Syndrome, a disease resulting from severe impairment or damage to the body's immune system which protects humans against usual and unusual bodily infections, some cancers, and other serious diseases.

Several prevalent views and traditions among African-Americans represent barriers to HIV prevention and risk reduction:

- homophobia, which contributes to many gay and bisexual men remaining "in the closet." This pattern increases the probability of heterosexual transmission of HIV.
- religious teachings and values which conflict with HIV prevention and risk reducing educational needs and practices, but are often not fully adhered to. The high incidence of out-of-wedlock pregnancy among African-Americans including teen pregnancy, attests to these discrepancies between teachings and behavior. While unplanned teen pregnancy among African-Americans has become so common that the resolve to reverse the trend has been largely ineffective, it must now be recalled that every pregnant teenager represents a person who practiced unprotected sex, and thus might have been exposed to HIV.
- the increasing number of sexually active African-American teenagers, and the frequency of STD among them, and the reality that 20 percent of all persons with AIDS nationally have been 20 to 29 years old (which means that many were probably infected during their teen years) dictates that adolescents receive special attention.

METHODOLOGY

OVERVIEW OF PROJECT STAGES

STAGE ONE
Baseline Research

Literature Review
Baseline Focus Groups
In-depth Interviews
Analysis of Ad Contents

STAGE TWO
Analysis, Synthesis, Preliminary Strategy Development

STAGE THREE
Testing and Refining of Strategies

Grassroots Workshop
Leaders & Experts Workshop
Pilot Testing Focus Groups

STAGE FOUR
Finalization of Strategies

In order to develop appropriate strategies, it was necessary to consider the diversity of backgrounds, attitudes, practices, preferences, perspectives, needs and values among African-Americans. Therefore, the research efforts, findings and recommended strategies are primarily organized around the following seven African-American population sub-groups, which HEALTH WATCH identified as the most appropriate classification given available resources:

- Adolescents,
- Gay and bisexual men and adolescents,
- Heterosexual men,
- Lesbians,
- Prison inmates (current and former),
- Substance users, and
- Women of childbearing age.

It should be noted however, that members of these sub-groups are not homogeneous. Had additional resources been available, further segmentation of the population would have been desirable.

The research was qualitative and not quantitative. Although no statistically significant conclusions can be drawn from the findings, references in this report, such as "many African-American adolescents," "some gay and bisexual African-American men," and "most heterosexual African-American men," are considered sound by HEALTH WATCH because they are based on consistent or prevalent findings from every stage of the research. Nevertheless, the generalizations reported are just that, and should not be interpreted by the reader as inclusive of all African-Americans.

The primary tasks performed in conducting this project can be divided into four stages:

1. conduct of the baseline research;
2. analysis and synthesis of the research and development of preliminary strategies;
3. testing and refining the preliminary strategies; and
4. development of the definitive or final stategies.

The four stages of project research were progressive in that the findings from each project activity or group of activities, fed into the next.

CONDUCT OF THE BASELINE RESEARCH

In order to gather essential information about HIV related knowledge, attitudes and practices as well as approaches and messages needed to effectively communicate with African-Americans and motivate HIV risk reduction practices, the following activities were conducted:

- **A comprehensive literature review:** to obtain the most current written information concerning HIV related knowledge, attitudes and practices among African-Americans.

- **Twenty-four baseline focus group discussions** with the seven African-American population sub-groups listed above, community-based organizations, and African-American church and other leaders to gather information about pertinent knowledge, attitudes, practices and views.
- **Ninety-two in-depth interviews** of researchers, representatives of community-based organizations, governmental representatives, African-American leaders, public health and behavioral specialists, and other experts, to obtain their views and suggestions concerning HIV prevention and risk reduction among African-Americans. (A list of the 92 individuals interviewed are in the Appendix D on page 89.)
- **Nineteen selected print advertisements and broadcast commercials** targeting African-Americans were analyzed in order to identify approaches used by the business world and advertising industry to influence the behavior of African-Americans.

ANALYSIS, SYNTHESIS AND PRELIMINARY STRATEGY DEVELOPMENT

Stage 2 of project activities involved the analysis and synthesis of findings from the baseline research in order to develop preliminary strategies for HIV prevention and risk reduction among African-Americans. The greatest weight was given to findings from the focus groups[2]; the next greatest weight to the in-depth interviews; and the least weight, to the literature review. The rationale for this weighing was that the focus groups permitted intensive, yet relaxed discussion and interaction regarding a broad range of important, yet sensitive issues which, collectively, provided great insight into individual and group knowledge, attitudes and practices. The focus groups also provided the opportunity for pursuit of unanticipated directions and probing of specific attitudes, issues, concerns, and needs.

The in-depth interviews (conducted in person or by telephone) also presented the opportunity for probing and pursuit of responses and comments needing clarification or elaboration. Being interactive, they permitted project staff to gain much more insight than was possible from the review of articles.

It was the inability to clarify findings, statements, recommendations, and conclusions reported in the literature which led to this source being given the least weight. Nonetheless, the literature review yielded much important and useful information which is described in Appendix B.

TESTING AND REFINING STRATEGIES

Two all-day workshops were conducted to obtain reactions to preliminary findings, and advice concerning proposed strategies. These workshops helped to ensure that strategies proposed for HIV prevention and risk reduction in African-Americans were considered acceptable and feasible by the African-American population at large, by important population sub-groups including those at highest risk, and by African-American leaders and experts, all of whose help will be needed for effective implementation and the desired behavioral changes. The workshops were:

2 The focus group discussions were very enlightening, having provided the opportunity for in-depth interaction and probing. It was particularly noteworthy that virtually all participants in these focus groups found the experience rewarding, and inquired about the possibility of participating in such discussions in the near future.

■ Grassroots Workshop, which had 45 participants representing older adolescents, gay and bisexual men, heterosexual men, lesbians, parolees, substance abusers and women of childbearing age. Activities included the conduct of seven sub-group specific focus groups.[3]

■ A Leaders and Experts Workshop, which had 40 participants representing elected officials, religious, civic, corporate and community leaders as well as public health, medical, and behavioral experts, and criminal justice and substance abuse specialists. Seven focus groups were conducted among participants during the workshop.

Using the input from the workshops, the preliminary strategies were revised, and tested.

■ A final 10 pilot testing focus group discussions were conducted throughout the state with the seven population sub-groups, African-American church leaders, other African-American leaders and representatives of community-based organizations.

DEVELOPMENT OF FINAL STRATEGIES

The culmination of these efforts, this Final Report, provides key findings and summary discussion based on the research as well as recommended strategies in table format for each of the seven population sub-groups, for Black Religious Communities and for African-American leaders. Findings and recommendations related to HIV counseling and testing and public communication are also provided.

3 See sub groups on page 3

Chapter 1: Overall Findings and Strategies for Action

Overview

Four overriding considerations related to HIV/AIDS in African-Americans must be underscored:

(a) the uniqueness of the African-American experience;

(b) the context within which HIV/AIDS develops in African-Americans;

(c) the layers of discrimination which affect various African-American sub-groups at risk for HIV; and

(d) the necessity for cultural appropriateness in HIV prevention efforts targeting African-Americans.

THE UNIQUENESS OF THE AFRICAN-AMERICAN EXPERIENCE

African-Americans are first and foremost people who experience the same problems faced by people of all races and ethnicities. Furthermore, African-Americans of the seven population sub-groups addressed in this project share similar experiences and needs with others in these sub-groups, regardless of race and ethnicity. African-American adolescents, women, gay and bisexual men, share many perspectives, experiences, and needs with their white counterparts. Therefore, many findings and related strategies do not apply exclusively to African-Americans. Nonetheless, it is essential that these needs of African-Americans be addressed.

Key differences related to HIV prevention and risk reduction in African-Americans are:

- the greater prevalence of poverty and its associated conditions;
- the impact of institutional racism on the prevalence of poverty, and its associated attitudes and practices;
- the influence and power of The Black Church;
- inadequate access to health promotion and disease prevention services; and
- the scarcity of culturally appropriate health information materials, messages and services specifically designed for African-Americans.

THE ANGER AND "ACTING OUT" OF MANY AFRICAN-AMERICAN TEENAGERS MAY BE IN PART, A REACTION TO THESE ADULT ATTITUDES TOWARD THEM.

THE CONTEXT WITHIN WHICH HIV/AIDS DEVELOPS IN AFRICAN-AMERICANS

HIV/AIDS occurs in all segments of the African-American population, just as it does in the United States population as a whole. However, its prevalence is disproportionately high among African-Americans who are economically disadvantaged. Injection drug use occurs among African-Americans in all income levels, but it too, occurs disproportionately in those who are economically disadvantaged. The disproportionate prevalence of AIDS in African-Americans is closely linked to poverty, and to injection drug use, both of which virtually all research project participants consider to be linked to racism. Poverty is considered to have a significant impact on self-esteem, which is linked to lifestyles and practices. Thus, environmental factors which foster the development of HIV/AIDS must be attacked as an integral part of any full-fledged attack on AIDS. For example, a man who has a job and is able to care for his family is likely to have higher self-esteem and more concern for his future as well as that of his family than a man with no job, no family ties, and little or no hope for the future.

THE LAYERS OF DISCRIMINATION WHICH AFFECT VARIOUS AFRICAN-AMERICAN AT-RISK

While HEALTH WATCH focused on seven African-American population sub-groups in conducting this research project, it is important to note that they, collectively, comprise all African-Americans. Further, although poverty significantly contributes to the risk of HIV infection in African-Americans, all African-Americans, regardless of economic status or other variables, are at-risk for HIV. Their individual level of risk is fundamentally determined by their personal practices.

The individuals who make up four of the seven project study sub-groups, (gay and bisexual adult and adolescent males, lesbians, current and former prison inmates, and substance abusers) frequently experience discrimination because they are members of these sub-groups, regardless of race. However, as African-Americans, they experience additional discrimination in a society where institutional racism is still widespread.

Women of childbearing age frequently experience discrimination as a result of living in a male dominated society. In some African-American sub-groups, and in some sub-cultures within these sub-groups, male domination is even more prevalent than in the United States as a whole. Thus, many African-American women also experience dual discrimination, as women and as African-Americans. Others experience a third level of discrimination related to attitudes and practices within their sub-cultures.

An increasing number of adults express or demonstrate negative views about the values and practices of many of today's adolescents regardless of race. The anger and "acting out" of many African-American teenagers may be in part, a reaction to these adult attitudes toward them. As a sub-group, African-American adolescents also experience dual discrimination based on being adolescents and African Americans.

African-American men experience more discrimination than virtually any other sub-group in American society. Joblessness, involvement in the criminal justice system and drug addiction, each of which has a high correlation with poverty and its associated high-risk practices for HIV, are all disproportionately prevalent in African-American men. No delineation is made here between heterosexual, gay and bisexual men because it is, in large measure, impossible to differentiate between them unless they are self-identified. Therefore, it is appropriate to note,

given this confounding reality, that African-American heterosexual, gay and bisexual men are, because of their racial/ethnic heritage, perhaps the most discriminated against sub-group within American society.

An important final observation must be made regarding the layers of discrimination which cumulatively impact upon African-Americans. Any individual for whom HIV prevention efforts are to be undertaken is a member of numerous groups, and thus experiences multiple layers of discrimination. For example, an individual African-American may be a lesbian (hence also female), injection drug user and prison inmate. The potential variety of combinations is obviously numerous, and has important implications for specific interventions to be undertaken. They underscore the necessity of using culturally appropriate messages and approaches, and of using peer educators and facilitators in conducting HIV prevention programs and activities.

THE NECESSITY FOR CULTURAL APPROPRIATENESS

Whether one uses the term culturally relevant, culturally sensitive, culturally appropriate or culturally competent, the strategies for action proposed herein have been determined by HEALTH WATCH to be culturally appropriate, and each of the above terms is, as used in this Report, interchangeabe. The project research underscored the necessity for culturally appropriate messages, materials and approaches. Cultural appropriateness implies awareness and sensitivity from the insider's perspective. Culturally appropriate means that the norms, tasks, preferences, feelings, perceptions, rationales and shared language of the community in question are taken into account in a non-judgmental manner. Culture and context are essential elements for prevention and risk reduction efforts among African-Americans. Context may be seen as the conditions or circumstances which affect the likelihood that an individual will be inclined to practice safer sex.

For example, a program which is culturally relevant to African-American heterosexual men would incorporate their norms, tastes, and shared language in order to promote HIV prevention and risk reduction in a way which motivates consistent safer sex practices. Research has found that this is best done with the use of activities which enhance the self-esteem of program participants. Activities should use shared history and culture to illustrate and reinforce approaches which not only change the individual's behavior but, ideally, also influence the individual to communicate and influence behavior change in others.

Messengers, educators and facilitators should be culturally sensitive, which means that they should be keenly aware of the moods and feelings of their target audience. The most likely individuals to have or achieve this quality are peers, or persons with shared key characteristics and experiences. African-American adolescent peer educators, for example, would be trained with the skills to reach and influence other African-American adolescents. They would be effective with other adolescents because they are keenly aware of sexuality among African-American adolescents, having currently or recently experienced similar moods and feelings. As another example, an African-American gay mentor for adolescents and young adults, armed with a suitable background, would most likely be identified with and held in high regard by the participants in a gay adolescent and young adult group. Further, a model culturally appropriate mentoring program would create successive generations of mentors for African-American gay adolescents and young adult men.

Culturally competent program activities should be organized, systematic, economically sound, and family oriented in the global sense. Activities should use African-American creative arts and music for their documented beneficial effects.

Overall Findings

Certain themes emerged consistently throughout all or most activities in this research project and relate to each of the sub-groups studied.

FINDINGS RELATED TO KNOWLEDGE, ATTITUDES AND BELIEFS

1. Although African-Americans know the two most common ways HIV is transmitted — exchange of infected body fluids during sexual activity and during injection drug use — their knowledge of other modes of transmission is inadequate.

- Many do not know that it is easier for a woman to get HIV infection from a man during sex than it is for a man to get it from a woman.
- The relationship between a woman's HIV status and possible transmission to the fetus is either not well known among African-Americans, or there is a low level of consciousness.
- There is little awareness that HIV can be transmitted from mother to child through breast feeding.
- Some African-Americans do not use condoms, and engage in other high-risk practices because either they do not have enough information or are misinformed about how one becomes infected with HIV.

2. While many African-Americans associate having AIDS with death and with being stigmatized, relatively few are aware of the wide range of physical, psychological, social and economic consequences often encountered by people with AIDS prior to their death.

FINDINGS RELATED TO HIGH-RISK BEHAVIOR AND CONTRIBUTING FACTORS

1. Even though African-Americans are aware that, theoretically, they can get HIV as a result of prior or current practices, and many either have friends, relatives or acquaintances who have HIV infection or have died from AIDS, they tend to dissociate this knowledge from a feeling of personal vulnerability.

- Many do not believe they will get AIDS, whether they use condoms or not.
- Although many know they could get HIV infection from having sex without a latex condom, they think the chance of that happening to them is very small.
- Some do not want to practice self-control or discipline.
- Some are subject to a frequent risk-taking mentality and are willing to "take their chances."

2. Although most economically disadvantaged African-Americans are aware that their behavior may expose them to the possibility of contracting HIV/AIDS, feelings of helplessness and hopelessness, and low self-esteem prevent them from acting in their own best interest. There is a very strong link between poverty and the disproportionate prevalence of AIDS in African-Americans.

- Some African-Americans feel their lives are not very important.
- Some do not have positive feelings about their future.
- Many say that, as a result of poverty, they have few opportunities for pleasure other than sex and drugs.
- While most heterosexual or bisexual African-American women prefer that their male partners use condoms, many lack the skills necessary to negotiate such safer sex practices.
- Many women will participate in high-risk practices with their male partners rather than risk losing them, given the relative scarcity of available African-American men.
- Some women fear or have experienced rejection by insisting that their male partners use condoms and others fail to insist because of fear of physical, verbal and emotional abuse.

FINDINGS RELATED TO THE INFLUENCE OF RACISM, THE CONSPIRACY THEORY AND CONCERNS ABOUT GENOCIDE

African-Americans consider institutional racism and poverty to be major contributing factors to the disproportionately high rate of HIV/AIDS in the African-American population; some also consider AIDS a form of genocide.

- Many believe that HIV is a form of biological warfare created to get rid of African-Americans (the conspiracy theory).
- Many believe that government efforts to prevent HIV/AIDS among African-Americans, and to provide care for infected African-Americans, are grossly and intentionally inadequate.
- Many cite the inadequate development and provision of culturally appropriate messages and programs for African-Americans and other people of color as evidence of the lack of national interest in the health of minorities.

FINDINGS RELATED TO ATTITUDES ABOUT HIV COUNSELING AND TESTING

Although many African-Americans state that they would want to know if they were infected with HIV, most have not received HIV counseling and testing. A major contributing factor is distrust of government. Representative reasons given are:

- Many fear the results might get out, resulting in loss of family, friends and community.
- Many distrust the government or the agency doing the test.
- Many do not wish to be seen entering a place which is especially known for doing HIV tests.

- Some fear that they would not be able to deal with the results, if they were found to have HIV infection.

FINDINGS RELATED TO AFRICAN-AMERICAN LEADERSHIP

1. Most African-Americans feel that The Black Church can and must play a much greater role in preventing HIV/AIDS in their communities.

2. Many African-Americans feel that most African-American leaders and organizations should be much more active in trying to prevent HIV/AIDS in their communities.

FINDINGS RELATED TO FURTHER RESEARCH NEEDS

There is a high level of need for research related to the following:

- alternative and/or additional barrier methods to condoms and dental dams to prevent HIV transmission;
- effective approaches to behavior modification for health promotion and disease prevention in African-Americans and other people of color;
- public communication methods proven to be effective in modifying the health behavior of African-Americans as a whole as well as specific African-American sub-groups; and
- effective community intervention programs and methods for risk reduction related to HIV and other sexually transmitted diseases.

Suggested Overall Strategies

In order to overcome the barriers reported in the overall findings, HEALTH WATCH recommends the following strategies:

I. Motivate risk reducing practices using the approaches described below:

- Provide culturally appropriate education and promotion through credible community organizations, including churches, community leaders and other highly regarded persons—ranging from celebrities to "every day" people.
- Provide explicit information and education, preferably using peer educators, multimedia approaches (including radio talk shows, videos, public service announcements and pamphlets), small group discussions, and support groups.
- Use non-threatening environments, non-judgmental approaches and open discussion of sexual issues.
- Provide pertinent information and opportunities for discussion and interaction in frequently visited places such as schools, the work place, social welfare centers and health provider agencies.
- Incorporate informational and educational content related to HIV into general and non-HIV health information and educational materials.

Also, use the opportunity of other health promotion discussions with African-Americans to provide information and education related to HIV.

- Make condoms readily available and promote safer sex practices on an ongoing basis.
- Organize action at the community and subsidiary levels to shift group attitudes and values (the social norm).
- Develop culturally appropriate print and audio-visual materials for various population segments, such as by socioeconomic status, age, sex, religious belief and ethnicity among African-Americans.

II. Conduct, on an ongoing basis, small focus group type discussions with African-American sub-groups (such as those delineated in this project—e.g. adolescents, gay and bisexual men, lesbians, women of childbearing age, church leaders, etc.—and others not discussed in this project; such as various socioeconomic groups). The overwhelming majority of participants in all 48 focus groups conducted in this project considered the experience extremely valuable and recommended that such discussions be continued to empower African-Americans to confront AIDS and related issues.

III. Increase self-esteem, and racial and community pride through ongoing exposure to and discussion of African culture and history.

IV. Increase the ability and level of comfort of African-American men and women to discuss sexual matters with each other openly and frankly, through single-sex and co-ed meetings, workshops and small discussion groups.

V. Combat the high level of denial, mistrust of the confidentiality of HIV test results, fear of the consequences of finding out that one has HIV infection, and uncertainty regarding the availability of needed related services and supports by providing special messages, approaches, and services through highly respected individuals and organizations, which encourage African-Americans to obtain HIV counseling and testing.

VI. Give high priority to the conduct of research which addresses the following:

- development of alternative and improved barrier methods to prevent HIV transmission during sexual activity;
- development of more effective and culturally appropriate behavior modification approaches for African-Americans and other people of color;
- development of additional culturally appropriate public communication methods that are effective for health promotion and disease prevention among African-Americans as a whole as well as for specific African-American sub-groups; and
- development of additional effective community intervention programs and methods for risk reduction related to HIV and other sexually transmitted diseases.

VII. Enhance the effectiveness of Black religious organizations in motivating and in promoting HIV prevention and risk reducing practices, both among their members and among residents in their surrounding communities.

VIII. Enhance the effectiveness of African-American leaders in using their personal influence and organizational networks to motivate and facilitate a significant increase in HIV prevention and risk reducing practices in their communities.

Chapter 2: African-American Sub-group Findings and Strategies for Action

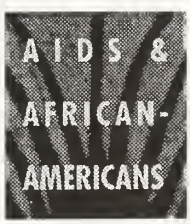
This section describes key findings, barriers to HIV prevention, priority needs related to HIV prevention and recommended strategies for each sub-group of African Americans studied. Each section closes with a strategy chart which describes specific strategies and suggested activities for that sub-group. The activities include those which may be undertaken by government agencies (not limited to the AIDS Institute) and activities which local communities and community based organizations may undertake. The end of each strategy chart includes recommendations for prevention messages, messengers and approaches for specific sub-groups. The development of these public communications recommendations is described in Chapter 8.

EVEN WHERE PARENT/CHILD COMMUNICATION IS EFFECTIVE, THE PARENTAL MESSAGE IS OFTEN UNCLEAR, OR DOES NOT CONSISTENTLY PROMOTE RISK REDUCING PRACTICES.

African-American Adolescents

KEY FINDINGS

- African-American teenagers, like most teenagers, consider themselves invulnerable to disease and injury; are more responsive to peer pressure with increasing age; and are, in many instances, influenced by messages and environments that glamorize and accept sex and drug experimentation and drug use as a social norm.
- Although most African-American teenagers know the two most frequent ways HIV is transmitted, many continue high risk practices.
- African-American teenagers, in general, are either unclear about all of the ways HIV can be transmitted or have a low level of consciousness about some of them.
- African-American teenagers frequently report that their parents either do not talk with them enough about sex or do not talk to them about it at all.
- The first sexual experience for many African-American teenagers is at an early age (11-14 years of age).
- From the perspective of African-American teenagers, schools are not doing much to prevent their students from developing HIV infection other than giving out condoms on request.[1]
- African-American teenagers state that some teachers and counselors have attitudes toward them that make their HIV prevention message(s) difficult or impossible to accept.



1 It should be noted that most schools in New York State outside of New York City do not distribute condoms to students at all.

BARRIERS TO HIV PREVENTION

The very fact that they are adolescents makes African-American teenagers likely to engage in practices which increase their risk of HIV infection. It is an age of experimentation and rebellion against adult authority; parent-child communication is more difficult, especially around sexual issues; and peers are looked to for information, direction, example and approval. A special challenge related to HIV prevention and risk reduction among African-American adolescents, many of whom are caught up in the "hip-hop" movement, is the constant exposure to messages which glamorize sex, violence, risk taking and other high-risk practices. These messages abound in print and broadcast media, in advertisements, movies, videos, rap and other teen-directed music.

Many inner-city teens tend to believe that they are invulnerable to injury, to disease, and even to death, as evidenced by steadily escalating teen homicide rates. For many African-American adolescents who have experienced or witnessed violence, even the idea of death may not be threatening. Furthermore, many of these youths live in communities where the drug culture and the business of drugs is an accepted way of life, and where drug addiction and the heavy use of alcohol and other mind altering drugs is prevalent. Many African-American teenagers have low self-esteem, little hope for a positive future, and a lot of anger. Poverty and racism contribute significantly to these attitudes and feelings.

KNOWLEDGE, ATTITUDES AND BELIEFS

While African-American adolescents generally know that HIV is transmitted sexually and by sharing drug "works," they are unclear or have a low level of consciousness about other modes of transmission, including maternal to fetal transmission and transmission through breast feeding. At the same time, many believe that HIV can be transmitted through kissing, especially if there is a cut in the mouth.

PARENT/CHILD COMMUNICATION, GUIDANCE AND EXAMPLE

HEALTH WATCH's research found that adolescents want their parents to communicate with them more frequently and more effectively, both regarding sexual issues, and in general. Most think that their parents are very uncomfortable in discussing sex. Some believe their parents fear that talking to them about sex will encourage sexual activity. From the perspective of many African-American teenagers, other possible sources of support, including the schools, are no more effective. In fact, many teachers and counselors are felt to be judgmental, to "preach" abstinence, and to be racist. These perceived attitudes render their messages ineffective.

Even where parent/child communication is effective, the parental message is often unclear, or does not consistently promote risk reducing practices. The desirability and/or benefits of abstinence among adolescents are not consistently discussed and, in some households, not advocated at all. Parental discussion of safer sex practices is sometimes hampered by limited parental understanding. Perhaps even more important than what parents and other influential adults say is what adolescents do. The prevalence of sexual activity among African-American adolescents is evident from high rates of STD and unplanned pregnancy, as well as AIDS and HIV infection. Thus, although there is awareness among African-American teenagers that, theoretically, they can get HIV/AIDS from high-risk prac-

tices, many continue to engage in them. They do so feeling that: they are invulnerable, they will take their chances, and/or AIDS is related to a conspiracy among white people "to get rid of us."

CONDOM/BARRIER USE

Many African-American male teenagers feel that it is up to female teenagers to decide if a condom is to be used and that the females should be responsible for supplying them. Others believe condom use interferes with sex or makes it fake. Some, both males and females, even feel that condoms may not protect them from HIV. The controversy about whether condoms should be distributed in the school, with or without parental consent, also hampers access to condoms for sexuality active adolescents. Economically disadvantaged African-American teenagers, out-of-school youth, runaways, "throwaways," and teenagers who use drugs are at even higher risk for HIV infection than African-American teenagers as a whole.

PRIORITY NEEDS RELATED TO HIV PREVENTION

African-American teenagers believe that candid and straightforward discussion—with parents, teachers, and other significant adults—about sex and how to handle difficult situations will help reduce the risk of HIV among adolescents. They realize that their parents need help to be able to communicate with them more effectively. However, as discussed above, numerous other barriers to HIV prevention and risk reduction in adolescents also exist. In order for any HIV risk-reducing intervention to be effective for adolescents, it must be age-appropriate and, ideally, should reach them early in their lives.

The influence of peers on the values, attitudes and practices of African-American adolescents (as on other adolescents), is great. Therefore, HIV prevention messages should be peer developed, peer presented, and fashioned in a way that the adolescents who receive them are motivated to adopt HIV risk reducing practices. Further, some may be motivated to educate their peers and significant others.

OVERALL STRATEGIES FOR ACTION

Convince African-American adolescents to abstain from having sex or, if sexually active, to practice safer sex by helping them to: (a) understand the potentially negative short and long term consequences of sexual activity during adolescence; (b) understand their vulnerability to HIV and other STDs; and (c) assess their risk for HIV and then take appropriate action to eliminate or decrease those risks.

The strategy table for HIV prevention and risk reduction among African-American adolescents follows.

AFRICAN-AMERICAN ADOLESCENTS

Overall Strategy: To convince African-American adolescents to abstain from having sex or, if sexually active, to practice safer sex by helping them to:

a) understand the potentially negative short and long term consequences of sexual activity during adolescence;

b) understand their vulnerability to HIV and other STDs; and

c) assess their risk for HIV and then take appropriate action to eliminate or decrease those risks.

TABLE 1

STRATEGY #1	STRATEGY #2
SPECIFIC GOALS Provide African-American adolescents with age and culturally appropriate information, skills building experiences, and group support opportunities which enable them to make and act on decisions which eliminate or decrease their risk for HIV and other STDs. **SUGGESTED ACTIVITIES** **Governmental Agencies** Support the development and distribution of culturally appropriate educational materials and programs which: • address practical issues related to HIV, STDs, drugs, peer pressure and sexuality; • enhance self-esteem; and • build negotiating and social skills necessary for adolescents to deal effectively with these everyday issues. **Communities and Organizations** Conduct programs which develop and disseminate information to adolescents which: • teach them how to recognize and assess their risk for HIV/STDs; • promote risk reduction; • refer them to appropriate community resources; and • facilitate an increased sense of self-worth, hope and vision for the future. **COMMENTS** • Recruit and train adolescents to participate in such program activities as peers. This will help other adolescents to eliminate or decrease their high-risk practices related to drugs and sex. These practices are significantly brought on by low self-esteem and peer pressure. • Special/customized outreach approaches, messages, and other intervention methods are required for high risk adolescents, including those out-of-school, those involved with drugs as users or sellers and those who prostitute or sell sex for drugs or money. • To address self-esteem, incorporate discussions about both positive self image, and ethnic pride into customized messages for African-American adolescents.	**SPECIFIC GOALS** Significantly increase the number of culturally appropriate, supervised extracurricular creative arts, personal development, and sports programs and activities for African-American adolescents as a deterrent to substance use and sexual activity. **SUGGESTED ACTIVITIES** **Governmental Agencies** Facilitate the development of these much needed additional programs and activities, including youth entrepreneurship and vocational training. Pertinent governmental agencies should act individually, and in collaboration with each other. **Communities and Organizations** Advocate the development of such programs, and actively participate in their planning, implementation and operation. **COMMENTS** African-American adolescent involvement in program planning, implementation and operation is very important.

SPECIFIC GOALS

Provide educational and skills building opportunities to African-American parents, guardians, teachers and other "significant adults," which enable them to influence and/or support adolescents in avoiding or minimizing high risk practices for HIV and other STDs.

SUGGESTED ACTIVITIES

Governmental Agencies

Support the development and distribution of educational materials and programs for African-American parents and other significant adults which:

- help them deal with their own issues and fears and teach them communication skills;
- address, from a parent's perspective, practical adolescent issues related to HIV, STDs, drugs, peer pressure, sexuality and communications between parents/adults and children/adolescents; and
- enhance and/or build the communication skills necessary for parents to effectively discuss everyday adolescent issues related to HIV, STDs, drugs, peer pressure and sexuality with their adolescents.

Communities and Organizations

Conduct programs which develop and distribute materials to:

- help African-American parents/adults deal with their own issues and fears and teach them communication skills;
- help them to communicate with pre-adolescents and adolescents about HIV/STD related issues;
- train them to assess their current level of communication with their adolescents, particularly as it relates to risks for HIV/STDs; and
- assist them in skill development so that they will communicate more effectively with their children so as to enhance their sense of self-worth, hope and vision for the future.

COMMENTS

Since the potential for parents and other adults to significantly influence adolescent sexual behavior decreases sharply after age 13 or 14, special attention and support should be given to enhancing and promoting communication between parents and other significant adults and pre-adolescents and younger adolescents (11 to 14 year olds.)

Small group discussions among parents and adolescents should be encouraged.

SPECIFIC GOALS

Design, implement, monitor, evaluate, and periodically update a comprehensive, culturally appropriate HIV/STD prevention curriculum content which: a) begins at the middle school level; b) is innovative and age appropriate; and c) is covered in all grades through the 12th grade.

SUGGESTED ACTIVITIES

Governmental Agencies

This is a critically important objective, given the amount of time spent in school settings by children and adolescents. The collaboration of state and local Departments of Health and Education at their respective levels is necessary.

Communities and Organizations

Assess, initially and at periodic intervals, the scope and content of HIV/STD education in local schools;

- advocate for changes considered necessary;
- participate in the curriculum and program planning process;
- monitor the results,
- hold school systems accountable for achieving satisfactory results from the funds which they receive for AIDS education.

Establish and maintain active and ongoing linkages between organizations which provide HIV prevention education for children and adolescents and the school system

Foster and facilitate their collaboration in the provision of appropriate education to students.

COMMENTS

- Parent/PTA and local school board involvement in HIV/STD prevention education assessment, planning, monitoring and evaluation is required.
- Conduct group discussions between African-Americans adolescents and parents to facilitate:
  — increased understanding of their respective perspectives;
  — the interpersonal communication skills of both parents and adolescents in interacting with each other.
- Conduct group sessions and forums for parents which permit them to address their own issues and fears, and to receive needed education and training.

SPECIFIC GOALS

Producers of youth-oriented music and other entertainment, such as rap music, videos and movies, should collaborate in the design, production, dissemination and utilization of teen-focused products and messages which underscore the numerous positive aspects of their African heritage, and promote self-esteem, responsible behavior, positive outlooks, and respect for family, peers and community.

SUGGESTED ACTIVITIES

Governmental Agencies

Support development, under African-American leadership, of linkages and plans which result in production and use of the needed messages and products.

Communities and Organizations

Actively promote and assist in achievement of this strategy.

AFRICAN-AMERICAN ADOLESCENTS

(Heterosexual, Gay and Bisexual)

HIV Prevention Messages, Messengers, and Approaches

TABLE 2

MESSAGES

Messages should be clear, to the point, provide information, facilitate skill development, and not be judgmental. Messages developed or chosen by adolescents are preferred.

Recommended Basic Content for Messages Targeting African-American Adolescents:

— Know what safer sex is and always practice it!

— Practice safer sex, here's how ...!

— Practice safer sex to protect your life!

— The price you pay for unsafe sex is too high. Don't do it!

— Fight AIDS to save our people!

— Unsafe sex can really mess you up, so do the right thing!

— Unprotected sex can equal certain death!

MESSENGERS

African-American Peers — adolescents trained in HIV risk reducing communications and methods, are the most effective messengers with adolescents.

Role Models and Leaders — especially parents and teachers as well as African-American leaders respected by teenagers. Gay and bisexual adolescents need to be able to identify gay and bisexual adults with strong personal values and positive self-identification and self-esteem as role models.

Organizations — schools and other youth-serving organizations should facilitate the open discussion of HIV-related issues, as well as skills building opportunities for their clientele.

Celebrities – Rap and hip-hop performers and African-American teen actors are effective messengers, and should be recruited for HIV prevention messages.

APPROACHES

Use of adolescent theatre companies at schools and other places where teenagers gather.

Promotion of teen centered HIV prevention messages through music and rap videos played on MTV and on other television and radio programs favored by adolescents.

Conduct of focus and other small group discussions.

Use of messages and materials, and individual discussions with parents, teachers and other adults. These adults must be able to discuss sex and HIV comfortably and in a non-judgmental way.

Production and placement of advertisements and articles that provide information and facilitate skill development in magazines favored by adolescents.

Use of HIV prevention messages on decals, T-shirts, bumper stickers and lapel buttons.

Gay and Bisexual Adult and Adolescent African-American Males

KEY FINDINGS

- Many gay and bisexual African-Americans stay "in the closet" (hide their homosexuality or bisexuality) because of negative attitudes about these orientations in the African-American community. They may date and marry as a "cover" to their gay or bisexual orientation.
- Many gay and bisexual African-American men hide their participation in homosexual activity from their wives and other female partners because of possible misunderstanding or non-acceptance.
- Some gay and bisexual African-American men feel that their concerns and needs related to the prevention of HIV infection are different from their white counterparts.
- Gay and bisexual African-American adolescents state that they do not have enough positive role models.
- Gay and bisexual African-American adolescents say that other male adolescents and adults assume they are sexually active, merely because they are gay or bisexual.

BARRIERS TO HIV PREVENTION

Finding a partner without HIV infection, the stigma of "coming out," and the stigma of being tested were identified as the greatest barriers to avoiding HIV infection among gay and bisexual African-American males. Inadequate information or misinformation and denial were also considered contributing factors. Prevention of HIV transmission among gay and bisexual African-American males and their partners is made more difficult when they feel the necessity to hide this orientation. It is understandable that many African-American gay, lesbian and bisexual individuals elect not to publicly identify their sexual orientation, as the African-American community is even more censorious of homosexuality and bisexuality than mainstream America. In fact, the prevalence of negative attitudes about gay and bisexual practices and the relatively greater religious conservatism in the African-American community often means that to "come out" one must be willing to give up family, friends, church and community.

KNOWLEDGE, ATTITUDES AND BELIEFS

Both adult and adolescent gay and bisexual African-American males seem to be fairly knowledgeable about how transmission of HIV occurs, except that many are uncertain about whether condoms are needed for oral sex.

CONDOM/BARRIER USE

Knowledge about HIV transmission does not always translate into consistent use of preventive practices. Many admitted that condoms were not used in certain situations—for example in the "heat of passion"— and that sometimes drugs and alcohol were used to stimulate sexual passion although these substances also

decrease the probability of responsible decision making about sex. In addition, many resist condom use because it is seen as "destructive to the natural act," "hard to use," "unmanly," "not fun" or "uncomfortable." Furthermore, gay and bisexual teens report that older men expect them to be sexually active, and do not encourage them to use condoms.

PRIORITY NEEDS RELATED TO HIV PREVENTION

Experts, community leaders and gay and bisexual African-American males all felt strongly that reducing homophobia in the African-American community is essential to combating HIV transmission. Ways to do this include: (a) paralleling homophobia and racism as prejudice and bias against a minority group; (b) facilitating open discussion and interaction between gay and "straight" individuals around topics, issues and needs of the African-American community which may or may not touch upon or relate to the sexual orientations of some participants; (c) conducting educational activities to promote diversity; and (d) discussing sexual orientation and HIV related issues in non-gay and non-AIDS identified settings. Other recommendations to fight HIV transmission among gay and bisexual men and adolescents include one-to-one talks about related issues, meetings with HIV infected individuals and continued emphasis on condom use. Both adult and adolescent gay and bisexual African-American males agree that more positive gay and bisexual role models are needed for gay adolescents. Such role models should have strong personal values and positive self identification and self-esteem.

OVERALL STRATEGIES FOR ACTION

Maximize the extent to which African-American gay and bisexual adult and adolescent males protect themselves and their partners from HIV by: (a) increasing their awareness of the potential negative consequences of high risk practices; (b) motivating consistent safer sex practices; and (c) demonstrating support for their special needs, especially those related to self-esteem.

The strategy table for HIV prevention and risk reduction among gay and bisexual adult and adolescent males follows.

AFRICAN-AMERICAN MEN

(Gay and Bisexual, Heterosexual, and Current and Former Prison Inmates)

HIV Prevention Messages, Messengers, and Approaches

TABLE 3

MESSAGES

Messages should promote increased responsibility and address issues of self-esteem, African-American heritage and pride, eliminating the bias against condom use, and concerns about genocide.

Recommended Basic Content for Messages Targeting African-American Men:

— Know what safer sex is and always practice it!

— Take responsibility/be responsible about sex!

— Wear a condom and stay in a monogamous relationship!

— If you fool around around, don't bring HIV home to your partner!

— Control your destiny by practicing safer sex!

— If you think wearing a condom in uncomfortable, try having AIDS

— Condom use can be erotic!

— Condom use is manly!

— Protect the blood, prevent annihilation of the race!

— Fight AIDS to save our people/communities!

— Collective work, collective responsibility. Let's fight HIV/AIDS together!

— If you have male to male relationships, protect the body!

— Practice safer sex, use condoms at all times regardless of sexual preference!

MESSENGERS

African-American Peers — Peers of the same socioeconomic status as the target audience. Include prisoners and ex-prisoners for prison inmates. Include men who are HIV positive.

Role Models, Leaders, and Celebrities — African-American sports figures; African-American actors that play strong roles; African-American business men and politicians held in high regard at the local and national level.

Organizations — churches, civic and social clubs, sports related organizations, community health centers, tenant and block associations, community service organizations, colleges and universities, student health services, dormitories, student governments, campus academic and social clubs, lodges, and fraternities.

APPROACHES

Use of videos with HIV prevention messages in waiting rooms of health providers and in barber shops, and bars, etc.

Announcements in church bulletins and sermons from the pulpit.

Distribution of literature, table exhibits and discussion, and use of videos at health fairs, street fairs, sporting events (football, soccer, etc.) and other special events.

HIV prevention ads and articles about HIV prevention in male sections of newspapers (e.g., sports section); in magazines favored by men such as sports magazines, auto magazines and handy men magazines; and in magazines and newspapers targeted to African-Americans, such as Jet, Ebony, Essence and the Amsterdam News (NYC).

Commercials on radio and television during sports events.

Bus and subway advertisements, including outdoor bus shelters.

Placement of posters and brochures in heavily trafficked locations, such as supermarkets, welfare centers, restaurants, fast food chains.

— Condom use is manly

— Protect the blood, prevent annihilation of the race

— Fight AIDS to save our people/communities

— Collective work, collective responsibility. Let's fight HIV/AIDS together

— If you have male to male relationships, protect the body

— Practice safer sex, use condoms at all times regardless of sexual preference

HIV prevention messages on outdoor billboards, especially in African-American communities.

HIV prevention messages on decals, T-shirts, bumper stickers and lapel buttons.

GAY AND BISEXUAL AFRICAN-AMERICAN ADULT AND ADOLESCENT MALES

Overall Strategy: To maximize the extent to which African-American gay and bisexual adult and adolescent males protect themselves and their partners from HIV by:

a) increasing their awareness of the potential negative consequences of high risk practices;

b) motivating consistent safer sex practices; and

c) demonstrating support for their special needs, especially those related to self-esteem.

TABLE 4

STRATEGY #1

SPECIFIC GOALS

Promote and facilitate the consistent use of condoms by all African-American men to protect themselves and their partners from HIV. By promoting condom use by *all* African-American men, gay men are not singled out.

SUGGESTED ACTIVITIES

Governmental Agencies

Support the establishment and/or expansion of programs designed and conducted by and for gay and bisexual African-American men which provide opportunities for mutual support regarding the practice of safer sex.

Communities and Organizations

- Recruit, train and utilize peer educators/facilitators for the conduct of programs and activities related to issues of safer sex.
- Obtain, distribute and make condoms available to all sexually active African-American males, who cannot afford to buy them and who live in high-risk communities.
- Develop and conduct culturally sensitive campaigns for the African-American community which promote condom use by all African-American males.

COMMENTS

- It is understood that condoms would not be used when: 1) both partners desire their sexual activity to result in a pregnancy; and 2) two individuals without HIV infection only have sex with each other (mutual monogamy.)
- Condom manufacturers should produce flesh colored condoms for African-American men of various hues.
- Safer sex discussions with men should address erotic issues.
- Bars, bath houses and other establishments where gay and bisexual men are more likely to engage in high-risk practices should provide condoms as well as information and materials which make the practice of safer sex convenient.

STRATEGY #2

SPECIFIC GOALS

To build the skills of gay and bisexual African-American men to negotiate safer sex practices with their partners.

SUGGESTED ACTIVITIES

Governmental Agencies

Support the conduct of skills building programs and activities for gay and bisexual African-American men.

Communities and Organizations

Develop and conduct, with the assistance of peer facilitators, skills building programs and activities.

STRATEGY #3

SPECIFIC GOALS

Provide opportunities for gay and bisexual men to meet, share views, and support each other in their efforts to consistently protect themselves and their partners from HIV.

SUGGESTED ACTIVITIES

Governmental Agencies

Fund the establishment and/or expansion of programs designed and conducted by and for gay and bisexual African-American men which provide opportunities for mutual support regarding the consistent practice of safer sex.

Communities and Organizations

- Recruit and utilize peer facilitators to conduct forums and support group activities related to safer sex, and supportive of psycho-social development.
- Provide opportunities for gay and bisexual African-American adolescents to learn about gay and bisexual African-American adults whom they can respect, and as possible role models.

COMMENTS

- Provide training to peer facilitators,
- consider adapting the Alcoholics Anonymous and Narcotics Anonymous support group models for HIV prevention.

STRATEGY #4

SPECIFIC GOALS

Encourage gay and bisexual African-American males to take an active role in designing, conducting, participating in, and evaluating programs to meet their special needs and thereby, the needs of the African-American community.

SUGGESTED ACTIVITIES

Governmental Agencies

Promote and facilitate the participation of gay and bisexual African-American males in designing, conducting, participating in and evaluating programs to meet their special needs.

Communities and Organizations

Develop and conduct culturally appropriate programs which reach out to and encourage gay and bisexual African-American males to be active participants in programs to meet their needs.

COMMENTS

Information and messages used should: a) address the benefits of non-sexual aspects of personal relationships; and b) be explicit.

STRATEGY #5

SPECIFIC GOALS

Establish programs and/or activities which bring gay and "straight" African-Americans together to work toward common goals unrelated to sexual orientation, such as cultural, social, political, and economic issues.

SUGGESTED ACTIVITIES

Governmental Agencies

Support and facilitate programs and activities which bring gay and "straight" African-Americans together to address issues of mutual concern which include, but are not limited to, HIV prevention and risk reduction.

Communities and Organizations

Develop and conduct programs and activities described above.

COMMENTS

Discussion should focus on areas of commonality, not just ways in which HIV and AIDS affect specific subgroups.

(continued on next page)

GAY AND BISEXUAL AFRICAN-AMERICAN ADULT AND ADOLESCENT MALES

Strategies for HIV Prevention and Risk Reduction

TABLE 4 (continued)

STRATEGY #6	STRATEGY #7
SPECIFIC GOALS Produce and disseminate culturally appropriate information and messages to the African-American community, which promote open-mindedness toward individuals with gay and bisexual orientations. **SUGGESTED ACTIVITIES** **Governmental Agencies** Fund the production and wide dissemination of culturally appropriate materials, messages and approaches which promote open-mindedness toward individuals with gay and bisexual orientations. **Communities and Organizations** • Develop and widely disseminate culturally appropriate materials and messages in the African-American community to accomplish this goal. • One approach is to highlight the important contributions of well known gay and bisexual individuals. • Develop and conduct culturally appropriate programs and activities to accomplish this goal.	**SPECIFIC GOALS** Sensitize the African-American community to the stigma frequently experienced by acknowledged gay and bisexual males, so that gay and bisexual males will not fear being open about their sexuality. **SUGGESTED ACTIVITIES** **Governmental Agencies** • Fund initiatives aimed at elimination of the stigma experienced by many African-American gay and bisexual males who openly identify their sexual orientation. • Fund/endorse Public Service Announcements (PSAs) and other messages which promote respect and unity among all African-Americans. **Communities and Organizations** • Orchestrate discussion about same sex issues in non-gay, non-AIDS identified settings, to decrease homophobia in the African-American community. • Disseminate messages and facilitate discussion opportunities to promote diversity. **COMMENTS** Discussion of issues related to homophobia should emphasize: • the importance of eliminating discussion of morality, and negative attitudes about homosexuality and bisexuality; and • sensitivity to and appreciation of diversity by looking at the parallels of homophobia with racism, sexism and classism, and the schisms created by these beliefs and practices.

African-American Heterosexual Men

KEY FINDINGS

- Although most heterosexual African-American men prefer not to use a condom, they say that the best way for a woman to get a man to use a condom is for her to refuse to have sex with him unless he does.
- Some heterosexual African-American men feel that a casual date, or partner for a one-night stand would be turned off if they suggest the use of a condom.
- Many married heterosexual African-American men have sex with other women.
- There has been little effort to reach and influence heterosexual African-American men to prevent HIV infection of themselves and their mates.
- Having a job and being able to care for one's family is closely tied to positive self esteem for African-American men.

BARRIERS TO HIV PREVENTION

Frequently cited reasons for high-risk behavior were poverty and unemployment, lack of education and oppression. For example, one man said, "The only thing in life that people in our communities have to enjoy are drugs and sex. They come along and say stop doing that, but don't give them anything else to enjoy."

The inability of many African-American men to provide for their families is related to disenfranchisement and other socioeconomic conditions repeated over several generations which have impacted on individual and group survival. Disenfranchised individuals are often so concerned with day to day survival that they can barely be responsible for themselves, much less significant others. Therefore, any effort directed at changing behavior should take into account the socio-historical context within which African-American men have arrived at their current condition. In order for communication about consistent condom use to be effective, opportunities and programs to increase self-esteem, responsibility and accountability are needed, along with sustained efforts toward individual and group economic well being.

Institutional racism was cited as an additional factor contributing to the disproportionately high incidence of HIV infection among African-Americans. HEALTH WATCH's research indicates that there has been little effort to reach and influence heterosexual African-American men or African-Americans as a whole about how to prevent AIDS.

KNOWLEDGE, ATTITUDES AND BELIEFS

There was a distinct difference in the level of HIV related knowledge between low-income or blue collar focus group participants and middle-income or white collar participants, with the former group more likely to have misconceptions about casual contact and HIV including possible transmission by saliva, sharing a soda or sitting on a toilet seat used by a HIV-infected individual.

CONDOM/BARRIER USE

Opposition to condom use and the perception that condoms need not be used with long-term partners were identified by heterosexual African-American men as the greatest barrier to HIV risk reduction. Some also acknowledge inadequate knowledge of how to use a condom. Most of the men studied think that condom use interferes with the ability to have sex, especially casual sex on "one-night stands." They say that they would probably have unprotected sex rather than query a casual date about past sexual history. Many state that men generally rely on women to be the responsible person in sexual matters, saying: a) they depend on women for condom use and would use a condom if a woman otherwise refused to have sex with them; b) they do not want to take responsibility for a woman's pregnancy or child; and c) they do not think about the fact that by not using a condom they may be transmitting HIV/STD to their partner.

PRIORITY NEEDS RELATED TO HIV PREVENTION

African-American experts, religious and other community leaders, and grassroots heterosexual men all believe that the following approaches directed at heterosexual men will help stem the spread of HIV: a) raising self-esteem and increasing cultural identity though education about Black history and heritage; b) increasing opportunities for job training and meaningful employment, which will increase feelings of responsibility; c) skill development in discussion of condom use and other sexual matters with their partners; d) condom distribution and promotion of safer sexual practices in culturally acceptable ways; and e) serious education about responsibility and accountability for themselves and for their partners.

OVERALL STRATEGIES FOR ACTION

Maximize the extent to which African-American heterosexual men protect themselves and their partners from HIV by: (a) increasing their awareness of the potential negative consequences of high-risk practices; (b) motivating consistent safer sex practices; and (c) demonstrating support for their special needs, especially those related to self-esteem.

The strategy table for HIV prevention and risk reduction among heterosexual men follows. Some of these strategies are identical to those recommended for gay and bisexual African American men.

AFRICAN-AMERICAN HETEOSEXUAL MEN

Overall Strategy: To maximize the extent to which African-American heterosexual men protect themselves and their partners from HIV by:

a) increasing their awareness of the potential negative consequences of high risk practices;

b) motivating consistent safer sex practices; and

c) demonstrating support for their special needs, especially those related to self-esteem.

* See **Table 4** for Messages, Messengers, and Approaches

TABLE 5

STRATEGY #1

SPECIFIC GOALS

Promote and facilitate the consistent use of condoms by all African-American men to protect themselves and their partners from HIV.

SUGGESTED ACTIVITIES

Governmental Agencies

Support the establishment and/or expansion of programs designed and conducted by and for African-American men which provide opportunities for mutual support regarding the consistent practice of safer sex.

Communities and Organizations

- Recruit, train and utilize peer educators/facilitators for the conduct of programs and activities for African-American men related to safer sex issues.
- Obtain and make condoms available to all African-American men in high-risk communities where residents may not be able to afford them.
- Develop culturally sensitive campaigns for the African-American community promoting condom use by all African-American men.

COMMENTS

- Safer sex discussions with men should address erotic issues.
- Condoms would not be used when: 1) both partners desire their sexual activity to result in a pregnancy; and 2) two individuals without HIV infection only have sex with each other (mutual monogamy.)
- Condom manufacturers should produce flesh colored condoms for African-American men of various hues.

STRATEGY #2

SPECIFIC GOALS

Improve the skills of African-American men to negotiate safer sex practices with their partners.

SUGGESTED ACTIVITIES

Governmental Agencies

Support the conduct of skills building programs and activities for African-American men.

Communities and Organizations

Have peer facilitators (African-American men) assist in the development and conduct of skills building programs and activities.

STRATEGY #3

SPECIFIC GOALS

Establish and/or expand culturally appropriate HIV prevention and risk reducing programs which also address and provide opportunities for the psychosocial, cultural, vocational, and spiritual development of African-American men.

SUGGESTED ACTIVITIES

Governmental Agencies

Design and implement culturally appropriate HIV prevention and risk reducing programs and activities (e.g. Departments of Health, Social Services, Veterans Affairs, Labor, etc.)

Communities and Organizations

- Design and implement intensive outreach, education and support programs and activities for African-American men;
- Use African-American men from the applicable socioeconomic group in the design, implementation and operation of such programs.

COMMENTS

- Channels for outreach and communication include sports events, barber shops, recreational facilities, bars, churches, work settings, fraternities, civic clubs, colleges and universities and lodges.

STRATEGY #4

SPECIFIC GOALS

Increase opportunities (with incentives) for African-American men to participate in mentoring and other culturally appropriate community service programs for pre-adolescents, adolescents, and young adults.

SUGGESTED ACTIVITIES

Governmental Agencies

Facilitate and support the design and implementation of incentive-based mentoring programs for African-American pre-adolescents, adolescents, and young adults.

Communities and Organizations

Design and implement these mentoring programs.

STRATEGY #5

SPECIFIC GOALS

Persuade significantly more African-American men to take an active role in designing, conducting, participating in and evaluating programs and activities to meet their needs and, thereby, the needs of the African-American community.

SUGGESTED ACTIVITIES

Governmental Agencies

Support the development and conduct of programs related to preventive health which are specifically aimed at increasing the involvement of African-American men.

Communities and Organizations

- Conduct intensive culturally appropriate outreach activities for African-American men,
- encourage and facilitate their participation in the development, implementation and operation of preventive health programs to meet their needs, including HIV prevention.

COMMENTS

Churches, fraternities, civic clubs, etc. should play a key role in outreach.

STRATEGY #6

SPECIFIC GOALS

Provide opportunities for African-American men and women to discuss together issues related to safer sex, sexuality, male-female relationships, and HIV prevention.

SUGGESTED ACTIVITIES

Governmental Agencies

Support programs and activities which provide opportunities for African-American heterosexual men and women to share and consider each other's beliefs, attitudes and perspectives about safer sex, sexuality, male-female relationships, and HIV prevention.

Communities and Organizations

Conduct workshops and group discussions that improve communications between African-American heterosexual men and women related negotiating and consistently practicing safer sex.

COMMENTS

Initially, men and women should meet separately, then come together to discuss ways to improve communications in male-female relationships. Attempts should be made to combine groups of men and women with similar socioeconomic backgrounds.

African-American Lesbians

KEY FINDINGS

- There is a significant lack of HIV related information available for African-American lesbians and there are very few community resources to respond to their special needs and concerns.
- Some African-American lesbians do not use dental dams or split open condoms because of bad taste, bad smell, and/or decreased sensation.
- Many African-American lesbians are unwilling to disclose their sexual orientation because of the stigma in African-American communities, thus increasing the probability of negative consequences.

BARRIERS TO HIV PREVENTION

The barriers most frequently cited by African-American lesbians to avoiding HIV infection are the perception that lesbians are at no or low risk for HIV; lack of community support and services related to their special needs; and the stigma associated with the lesbian orientation.

African-American lesbians also identify the lack of information and services to meet their special needs as a major factor affecting their ability to protect themselves against HIV. Most information available for persons with a same gender orientation is for gay men. There is almost nothing in print for lesbians.

The attitude of the African-American community toward gay and bisexual males previously discussed, also apply to lesbians. In addition, homophobia specifically directed at lesbians is often rooted in a deep religious and moral belief which defines womanliness through the bearing and rearing of children. In making this observation, however, HEALTH WATCH takes note of the fact that many lesbians are, in fact, responsible parents.

It should also be noted that many of the same concerns or risk factors cited by heterosexual African-American women also apply to lesbians (see section on women of childbearing age).

KNOWLEDGE, ATTITUDES AND BELIEFS

African-American lesbians are generally well informed about HIV transmission, but feel they have inadequate information specifically related to HIV transmission among lesbians. Many have children, and feel that their needs as mothers and the needs of their families are not well understood, and not met.

CONDOM/BARRIER USE

Most women in the lesbian focus groups reported using inadequate or no HIV prevention methods, and did not think that their lesbian friends or acquaintances practice safer sex either. Their objections to barrier methods for oral sex include poor taste, bad smell, decreased sensual feeling, and their not being "user-friendly." Some focus group participants had previously been involved in heavy alcohol or drug use, which they acknowledged increased their risk of HIV.

PRIORITY/NEEDS RELATED TO HIV PREVENTION

Significantly more information and research on woman-to-woman transmission of HIV is sorely needed. In addition, community resources need to be available that address the special needs and concerns of African-American lesbians. African-American lesbians emphasize the need for a special brochure which addresses their unique concerns. They also say that information on where to get safer sex materials, illustrations on how to use safer sex materials and statistical information on lesbians and HIV would help them to avoid HIV infection.

OVERALL STRATEGIES FOR ACTION

Maximize the extent to which African-American lesbians protect themselves and their partners from HIV by: (a) increasing their awareness of the potential negative consequences of high-risk practices; (b) motivating consistent safer sex practices; and (c) demonstrating support for their special needs, especially those related to self-esteem.

The strategy table for HIV prevention and risk reduction among African-American Lesbians follows on page 34.

AFRICAN-AMERICAN LESBIANS

Overall Strategy: To maximize the extent to which African-American lesbians protect themselves and their partners from HIV by:

a) increasing their awareness of the potential negative consequences of high risk practices;

b) motivating consistent safer sex practices; and

c) demonstrating support for their special needs, especially those related to self-esteem.

TABLE 6

STRATEGY #1

SPECIFIC GOALS

Improve the self-esteem of African-American lesbians and their skills in negotiating safer sex for themselves and their partners.

SUGGESTED ACTIVITIES

Governmental Agencies

- Obtain and disseminate culturally appropriate print and audio-visual materials that:

— provide HIV prevention tips, and

— encourage self-assurance among women in negotiating safer sex

- Support programs and activities for African-American lesbians which build their self-esteem as well as their skills for negotiating safer sex.
- Support the development and operation of lesbian support groups that have HIV prevention and risk reduction as a key part of their mission and program activities.
- Support programs to recruit, train and utilize peer educators in HIV prevention and risk reduction activities for African-American lesbians.

Communities and Organizations

- Obtain, utilize and broadly disseminate culturally appropriate audio-visual and print materials as described above.
- Conduct training and development workshops for African-American lesbians and/or organizations which serve them, to build their self-esteem and skills for negotiating safer sex.
- Conduct lesbian support groups related to HIV prevention and risk reduction.
- Recruit, train and utilize peer educators in the development and conduct of these activities.

COMMENTS

- Materials should present non-stereotypical images of African-American lesbians who look like everyone else. Videos should demonstrate the use of various objects for safer sex.
- Include in workshops the development of new attitudes which support healthier behaviors. Workshops should also allow for detailed questions and answers.
- Peer educators should be well versed in techniques to help African-American lesbians develop a sense of responsibility, where needed. This includes encouraging participants to go for HIV counseling and testing based on their history of current or past substance use and sexual practices.
- Research is needed on woman-to-woman transmission of HIV as well as on improved barrier methods for women.

STRATEGY #2

SPECIFIC GOALS

Produce culturally responsive materials regarding the HIV related needs of African-American lesbians.

SUGGESTED ACTIVITIES

Governmental Agencies

Fund, via contract, the production of culturally responsive HIV related materials for African-American lesbians, and facilitate their distribution.

Communities and Organizations

Obtain, display, and distribute customized materials for African-American lesbians.

COMMENTS

Written materials should include numbers to call for referrals

- Brochures need to have questions which stimulate people to examine their lifestyles
- pamphlets should include realistic statistics.

STRATEGY #3

SPECIFIC GOALS

Provide opportunities for lesbians to meet, share views, and support each other in their efforts to consistently protect themselves and their partners from HIV.

SUGGESTED ACTIVITIES

Governmental Agencies

Fund the establishment and/or expansion of support groups for the consistent practice of safer sex designed and conducted by and for African-American lesbians.

Communities and Organizations

- Recruit and utilize peer facilitators for the conduct of forums and support group activities related to safer sex, and supportive of psychosocial development.
- Provide opportunities for African-American adolescents to learn about African-American lesbians whom they can respect, and thus see as possible role models.

COMMENTS

- Provide training to peer facilitators
- Consider use of adaptations of the Alcoholics Anonymous and Narcotics Anonymous support group models for HIV prevention.

STRATEGY #4

SPECIFIC GOALS

Encourage African-American lesbians to take an active role in designing, conducting, participating in, and evaluating programs to meet their special needs and thereby, the needs of the African-American community.

SUGGESTED ACTIVITIES

Governmental Agencies

Promote and facilitate the participation of African-American lesbians in designing, conducting, participating in and evaluating programs to meet their special needs.

Communities and Organizations

Develop and conduct culturally appropriate programs which reach out to and encourage African-American lesbians to be active participants in programs to meet their needs.

COMMENTS

Information and messages used should: a) address the benefits of non-sexual aspects of personal relationships; and b) be explicit.

(continued on next page)

AFRICAN-AMERICAN LESBIANS

Strategies for HIV Prevention and Risk Reduction

TABLE 6 (continued)

STRATEGY #5	STRATEGY #6
SPECIFIC GOALS Promote programs and/or activities which bring lesbians and "straight" African-Americans together to work toward common goals unrelated to sexual orientation, such as cultural, social, political, and economic issues. **SUGGESTED ACTIVITIES** **Governmental Agencies** Support and facilitate programs and activities which bring lesbians and "straight" African-Americans together to address issues of mutual concern which include, but are not limited to, HIV prevention and risk reduction. **Communities and Organizations** Develop and conduct programs and activities which bring lesbians and "straight" African-Americans together as described above. **COMMENTS** Discussions should focus on areas of commonalty, not just ways in which HIV and AIDS affect specific subgroups.	**SPECIFIC GOALS** Sensitize the African-American community to the stigma frequently experienced by acknowledged lesbians, so that lesbians will not fear being open about their sexuality. **SUGGESTED ACTIVITIES** **Governmental Agencies** • Fund initiatives aimed at elimination of the stigma experienced by many African-American lesbians who openly identify their sexual orientation. • Fund/endorse Public Service Announcements (PSAs) and other messages which promote respect and unity among all African-Americans. **Communities and Organizations** • Organize discussion about same sex issues in non-gay, non-AIDS identified settings. This would help decrease the level of homophobia in the African-American community. • Widely disseminate messages reducing the stigma • Facilitate discussion promoting respect of diversity. **COMMENTS** Issues related to homophobia should be discussed, with an emphasis on: • the importance of eliminating discussion of morality and negative attitudes about homosexuality and bisexuality; • the need to promote sensitivity to and appreciation of diversity by looking at the parallels of homophobia with racism, sexism and classism, and the schisms created by these beliefs and practices.

African-American Women of Childbearing Age

KEY FINDINGS

- Although African-American women want their male partners to use condoms, many do not know how to convince them to do so.
- Some African-American women do not insist on the use of condoms by their male partners because of fear of physical, verbal or emotional abuse.
- Many African-American women do not understand that having sex without condoms puts them, and their potential offspring at risk of HIV infection.
- Many African-American women need assistance and support in both building their self-esteem, and developing the skills necessary to negotiate safer sex situations for themselves.
- A disproportionate burden for responsible sex is placed on African-American women by the women themselves, by men, and by African-American leaders and experts.

BARRIERS TO HIV PREVENTION

Major factors considered to inhibit heterosexual African-American women in protecting themselves from HIV infection are: lack of control (e.g., mental, emotional and financial) in interpersonal relationships; fear of possible physical, verbal or emotional abuse if they insist that their partner use condoms; and not having a faithful sexual partner even in a long-term relationship.

Although, in general, a disproportionate burden is put on women to be the responsible partner in matters relating to sex, among African-American women, there is an even greater imbalance. Because of racism, many African-American men have little opportunity to express the power and control society expects of men. As a result, many African-American males have a greater need to dominate and control their female partners.

KNOWLEDGE, ATTITUDES AND BELIEFS

Many African-American heterosexual women are not aware that HIV can be transmitted through breast feeding. There is also limited understanding of the relationship between a woman's HIV status and the potential for fetal transmission. Reasons given most often for the prevalence of high-risk practices among heterosexual women are a) denial of vulnerability because they are not gay and do not use drugs; b) inadequate skills to negotiate safer sex situations for themselves; and c) low self-esteem.

CONDOM USE

Most women say that they want their partners to use condoms but many do not know how to achieve this goal. This presents a dilemma given the fact that men report that they leave the responsibility for condom use to the women (see heterosexual men). The dilemma extends further in that heterosexual African-American men say that the way for their women partners to get them to use a condom is to refuse to have sex with them without one. Although women are

made to feel responsible for protecting themselves as well as their male partners, many are afraid to assert themselves to get men to agree.

PRIORITY NEEDS RELATED TO HIV PREVENTION

Women in the focus groups, organizations serving women, experts, and even men indicate that empowering women to negotiate safer sex opportunities for themselves, building their self-esteem, and providing assertiveness training and more information would help to decrease HIV transmission among heterosexual women.

OVERALL STRATEGIES FOR ACTION

Maximize the extent to which African-American women protect themselves and their partners from HIV by: (a) increasing their awareness of the potential negative consequences of high-risk practices; (b) motivating consistent safer sex practices; and (c) demonstrating support.

The strategy table for HIV prevention and risk reduction among African-American women of childbearing age appears on page 39.

AFRICAN-AMERICAN WOMEN

(Lesbians, Heterosexual, and Current and Former Prison Inmates)

HIV Prevention Messages, Messengers, and Approaches

TABLE 7

MESSAGES

Messages should stress empowerment, self-reliance and personal control of one's body and one's life. They should also contain skills development information regarding these issues. Messages are also needed about transmission of HIV to fetuses and through breast feeding.

Recommended Basic Content for Messages Targeting African-American Women:

— Know what safer sex is and always practice it.

— You have right to say no.

— You have a choice, be selfish with/control your body.

— Make/insist your partner wears a condom. Be assertive.

— Talk to your partner. Take things slowly.

— Women get HIV quicker.

— If you don't protect yourself, how can you protect your children?

— No condom, no sex.

— Unsafe sex can put your unborn baby at risk.

— The best way to get a man to use a condom is for you to put it on.

MESSENGERS

African-American Peers — Peers of the same socioeconomic status as the target audience. Include prisoners and ex-prisoners for prison inmates. Include women who are HIV positive and who have given birth to HIV positive infants.

Role Models, Leaders, and Celebrities — Women actors on family shows, soap operas, etc.; women at all income levels with high self-esteem; actresses who play women who are peers of the targeted women; African-American talk show hosts and radio announcers; popular African-American women writers and poets.

Organizations — churches, civic and social clubs, community health centers, tenant and block associations, community service organizations, colleges and universities, student health services, dormitories, student governments, campus academic and social clubs and sororities.

APPROACHES

Use of videos with HIV prevention messages in waiting rooms of health providers and in beauty parlors, laundromats, etc.

Announcements in church bulletins and sermons from the pulpit.

Distribution of literature, table exhibits and discussion, and use of videos at health fairs, street fairs, fashion shows and other special events.

HIV prevention ads and articles about HIV prevention techniques and skills in sections of the newspapers read by women; in magazines favored by women and in magazines and newspapers targeted to African-American audiences, such as Jet, Ebony, Essence and the Amsterdam News (NYC).

HIV prevention horoscopes.

Commercials on radio and television during soap operas, family shows, talk shows and others with large female audiences.

Bus and subway advertisements, including outdoor bus shelters.

Placement of posters and brochures in heavily trafficked locations, such as supermarkets, laundromats, welfare centers, restaurants and fast food chains.

HIV prevention messages on outdoor billboards, especially in African-American communities.

HIV prevention messages on decals, T-shirts, bumper stickers and lapel buttons.

AFRICAN-AMERICAN WOMEN OF CHILD-BEARING AGE

Overall Strategy: To maximize the extent to which African-American women protect themselves and their partners from HIV by:

a) increasing their awareness of the potential negative consequences of high-risk practices;

b) motivating consistent safer sex practices; and

c) demonstrating support for their special needs, especially those related to self-esteem.

*See **Table 12** for Messages, Messengers and Approaches

TABLE 8

STRATEGY #1

SPECIFIC GOALS

Improve the self-esteem of African-American women and develop their skills at negotiating safer sex.

SUGGESTED ACTIVITIES

Governmental Agencies

- Obtain or fund the production & dissemination of culturally appropriate print and audio-visual materials that:
  - provide HIV prevention tips;
  - encourage self-assurance among women in negotiating safer sex for themselves; and
  - explain why women should insist that their male partners always use condoms, (except when procreation is mutually intended or mutual monogamy exists between two uninfected individuals.)
- Fund programs and activities for women to build their self-esteem and their skills for negotiating safer sex.
- Fund the development and operation of women's support groups that have HIV prevention and risk reduction as a key part of their mission and program activities.

Communities and Organizations

- Obtain, utilize and broadly disseminate culturally appropriate audio-visual and print materials as described above.
- Conduct women's support groups for African-American women related to HIV prevention and risk reduction.
- Recruit, train and use peer educators in the development and conduct of self-esteem training and HIV prevention and risk reduction counseling and educational programs and activities for African-American women.

COMMENTS

- Condoms would not be used when: 1) both partners desire their sexual activity to result in a pregnancy; and 2) two individuals without HIV infection only have sex with each other (mutual monogamy).
- Programs should recruit, train and utilize peer educators in the conduct of activities related to HIV prevention and risk reduction in African-American women.
- Skill-building sessions should: 1) take place in an encouraging atmosphere; 2) be run in cycles of 6 to 12 weekly sessions; 3) facilitate individual assessment of need, encouraging members to realize stated goals; 4) where feasible, include members of similar socioeconomic backgrounds; and 5) provide stipends and/or carfare for workshop members where groups are economically disadvantaged. These workshops should take place in community centers, churches, neighborhood schools, and similarly close, familiar and comfortable locations.
- Support groups might be further segmented on the basis of shared experiences and/or values, such as groups for women from the English-speaking Caribbean, Haitian women, and U.S. born non-Caribbean women.

STRATEGY #2

SPECIFIC GOALS

Provide opportunities for African-American women and men to discuss issues related to safer sex, sexuality, male-female relationships, and HIV prevention.

SUGGESTED ACTIVITIES

Governmental Agencies

Fund programs and activities in which African-American heterosexual women and men can share and consider each others beliefs, attitudes and perspectives about safer sex, sexuality, male-female relationships, and HIV prevention.

Communities and Organizations

Conduct workshops and group discussions that improve communications between heterosexual African-American men and women negotiating and/or consistently practicing safer sex.

COMMENTS

Initially, men and women should meet separately, then come together to discuss ways to improve communications and male-female relationships. Attempts should be made to combine groups of men and women with similar socioeconomic backgrounds.

STRATEGY #3

SPECIFIC GOALS

Increase the number of African-American men who consistently express and exhibit responsible practices related to family, including HIV/STD prevention.

SUGGESTED ACTIVITIES

Governmental Agencies

Develop and implement policies which: a) are supportive of parents living in the same household and sharing responsibilities; and b) provide opportunities for men who wish to work to do so, and if needed, also provide training.

Communities and Organizations

Conduct workshops, forums, etc. to develop local strategies which support parents living in the same household, and make it possible for men who wish to work to be able to find meaningful employment.

COMMENTS

Include in these discussions creative ways for men to earn an honest living. This would enhance family communications and increase their options for supporting their families.

STRATEGY #4

SPECIFIC GOALS

To develop through increased research alternative and/or additional barrier methods to condom use for HIV prevention during sexual activity.

Suggested Activities

Governmental Agencies

Facilitate and support the conduct of more research related to HIV prevention barrier methods.

Communities and Organizations

Promote the conduct of more research related to HIV prevention barrier methods.

African-Americans Prison Inmates (Current and Present)

KEY FINDINGS

- Many of the African-American parolees studied report that while in prison, it was common for inmates to have sex with other inmates of the same sex.
- While there are a number of HIV prevention programs available for prison inmates, they are considered inadequate by the parolees, CBOs, staff and experts contacted during the research.
- Lack of access to condoms contributes to HIV transmission among inmates.
- Structured HIV education programs, as well as procedures to encourage and facilitate HIV counseling and testing, are needed at the time of discharge from prison—for inmates, and for their partners.

BARRIERS TO HIV PREVENTION

AIDS is the leading cause of death in the New York State prison system where an estimated 10,000 of the 55,000 individuals in the system are HIV positive. However, the criminal justice system's denial of the prevalence of risky behavior among inmates makes prevention of HIV transmission ineffective. Both male and female parolees contend that same sex activity is prevalent in the jails but that the Department of Corrections denies any sexual activity and generally turns a "blind eye" toward the matter of sex—whether heterosexual or same sex. In addition, according to parolees as well as African-American criminal justice specialists, some prison staff engage in sexual alliances with inmates. Another reported major problem is that visitors and staff supply inmates with drugs. Yet very few prisons have adequate drug prevention and treatment programs. Both prison-based drug treatment and HIV prevention services are reportedly scarce and inadequate. Further, focus group participants indicated that HIV positive inmates would not disclose their status because there was no support. Further, other inmates would use this knowledge to hurt him or her.

KNOWLEDGE, ATTITUDES AND BELIEFS

African-American prison inmates and former inmates are generally well informed about HIV transmission.

CONDOM/BARRIER USE

Former prisoners say that while they might wish to practice safe sex, there is a stigma attached to asking for condoms in prison and that condoms are often considered contraband. Condom distribution is practically unknown in prisons.

PRIORITY NEEDS RELATED TO HIV PREVENTION

Regarding prison based HIV prevention efforts, parolees think that a comprehensive or holistic approach which includes education services and condom distribution would be effective if operated by the inmates themselves. They also suggest that: (a) seropositive ex-cons be brought in to speak to inmates; and (b) that at release, departing inmates receive community resource information (and referral,

as indicated) and an AIDS prevention package that includes prevention literature, counseling and testing information, and condoms. Although programs exist which provide these services, they are too few in number, inadequately staffed, and unable to meet the level of need for the criminal justice system.

OVERALL STRATEGIES FOR ACTION

Promote the expansion, development and operation of programs and activities throughout the criminal justice system designed to minimize the risk of HIV among current and former African-American prison inmates, their families and significant others.

The strategy table for HIV prevention and risk reduction among African-American current and former prison inmates is on page 44.

TABLE 9

AFRICAN-AMERICAN PRISON INMATES

(Current and Former)

Overall Strategy: To promote the development and operation of programs and activities throughout the criminal justice system designed to minimize the risk of HIV among African-American current and former prison inmates, their families and significant others.

*See **Table 4 & 7** for Messages, Messengers and Approaches for this population.

STRATEGY #1

SPECIFIC GOALS

Provide structured HIV prevention education to all new and potential offenders (individuals at high risk of incarceration).

SUGGESTED ACTIVITIES

Governmental Agencies

Expand and support HIV prevention and risk reducing programs and activities for new offenders, and individuals at risk of incarceration (e.g., Departments of Health, Corrections, Youth, etc.)

Communities and Organizations

Design and implement intensive outreach, education and support programs for those at high risk of incarceration. Involve inmates and former inmates in all aspects of the program.

COMMENTS

Adequate HIV prevention and risk reduction among African-Americans in the criminal justice system requires influencing legislators and other policy makers to commit to greater prison reform.

STRATEGY #2

SPECIFIC GOALS

Expand and conduct structured and ongoing HIV/STD prevention messages, activities and programs in all prisons which: a) inmates feel are relevant, informative, and useful; and b) motivate and facilitate risk reducing practices in the prison setting.

SUGGESTED ACTIVITIES

Governmental Agencies

- Strengthen multi-agency coordinating committee with representatives from pertinent agencies to plan, implement, monitor and evaluate agreed upon culturally appropriate prison-based HIV/STD prevention messages, activities and programs.
- Design and implement an incentive system for potential inmates and impending parolees to participate in the full range of HIV related activities designed for their specific situations.

Communities and Organizations

- Promote, with appropriate legislative leaders, agency heads, and prisoner advocacy groups, the development and operation of HIV prevention programs and activities to achieve Strategy 2.
- Develop a Volunteer Corps for HIV/STD prevention in prisons from among former inmates and interested others.

STRATEGY #3

SPECIFIC GOALS

Eliminate access to, and use of illicit drugs in prisons because of its deleterious effects, generally, and its well documented correlation with the risk of HIV.

SUGGESTED ACTIVITIES

Governmental Agencies

- Parolees uniformly reported widespread use of drugs in prisons. Investigate if this is true, and if so, how this reported situation occurs. Ensure that corrective action is taken as rapidly as possible.
- Ensure that any individuals who become involved with the criminal justice system who are substance users receive drug treatment and rehabilitation services without delay.

Communities and Organizations

Advocate for such governmental actions as necessary to eliminate drugs from prisons, including an ongoing surveillance program and stiff penalties for drug transport or use in prisons, either by inmates or employees.

COMMENTS

The reported pervasiveness of drug use in prisons is a major barrier to HIV-risk reduction among inmates. If present, this barrier must be removed for the following compelling reasons:

— the high prevalence of HIV in prisons;

— the practice of high-risk activities by many inmates since condoms are contraband in prisons; and

— the significant potential of HIV transmission from inmates and parolees to family members and others, which is exacerbated by the high recidivism rate among prisoners in New York State.

African-American Substance Users

KEY FINDINGS

- People who use drugs, even those not addicted, usually don't think about using a condom while under the influence of drugs.
- Many former and current African-American drug users, as well as many agencies serving drug users, feel that giving free condoms and clean works to drug users will decrease the spread of HIV.
- Many African-Americans drink alcohol heavily, which increases the likelihood of their participation in high risk practices that can lead to HIV infection.
- Some African-American drug users prostitute to support their drug habits.
- Many African-Americans say people addicted to drugs must be able to get in drug treatment programs without waiting, to reduce their risk of being infected by HIV.

BARRIERS TO HIV PREVENTION

Continued drug use, the practice of unsafe sex, denial, low self worth, and no hope for the future are reported as the primary problems which place substance users at risk of HIV infection. Prostitution to earn money to buy drugs also increases the risk of HIV transmission.

KNOWLEDGE, ATTITUDES AND BELIEFS

Among men in the substance use focus groups, misinformation about the transmission of HIV was widespread. A substantial majority stated that they would be cautious around infected individuals and would not smoke, eat, or drink after them. There was also confusion or misinformation about HIV transmission through blood, semen, open sores, and saliva. The women were better informed than the men about modes of transmission but most were unaware of maternal to fetal transmission, and transmission through breast feeding. Most of the men reported they would not want to know if they were HIV positive because of their fear of not being able to handle it, while most of the women said that they would want to know.

CONDOM/BARRIER USE

Organizations serving substance users, African-American behavioral specialists, and former substance users all believe that substance users are unlikely to use condoms consistently. African-American public health and behavioral specialists state that a person high on drugs is not rational and cannot be expected to think about condoms. . . "he/she has only one mission, and that is to get more drugs." Other reasons cited for low condom use are similar to those expressed by non-drug using individuals, namely that they are: "too much trouble," "too difficult to use," "take away the feeling," and so forth. Male recovering substance users say they would consider using condoms with their main partners, but not with casual dates. Reasons women might not insist on their partners using condoms are: fear of physical or verbal abuse, not wanting to create bad feelings, and fear of their partners being irrational due to drug use.

NEEDLE EXCHANGE

There is considerable difference of opinion among African-American substance users studied about needle exchange programs to decrease HIV transmission. Those who support them think that such programs would help many individuals who are currently addicted to decrease their risk, thus decreasing the overall spread of HIV and the fear associated with it. Those who oppose needle exchange feel that: (a) such programs convey the message that drug use is acceptable; (b) there is no proof that needle exchange programs work; and (c) needle exchange programs may prolong addiction. Most individuals who support needle exchange are concerned about its sending a double message. Among former substance users, most think that distribution of clean "works" is a worthwhile approach. However, even they stress that this approach will fail unless combined with treatment.

PRIORITY NEEDS RELATED TO HIV PREVENTION

All substance use service organizations and African-American leaders as well as African-American substance users, former substance users, focus group participants, and in-depth interviewees agree that: (a) the provision of psychosocial and related support to persons addicted to drugs is essential; and (b) that any serious commitment to the elimination of drug abuse as a social problem requires the availability of treatment slots, without significant waiting periods, for all individuals who desire treatment as well as those who can be convinced to enroll for care.

OVERALL STRATEGIES FOR ACTION

Expand drug treatment and rehabilitation services for African-American substance users as well as the support available to their family members and significant others.

See page 47 for the strategy table for HIV prevention and risk reduction among African-American substance users.

AFRICAN-AMERICAN SUBSTANCE USERS

HIV Prevention Messages, Messengers, and Approaches

TABLE 10

MESSAGES

Messages should stress stopping drug use (with contact information for enrollment in drug treatment and rehabilitation programs) and harm reduction, (e.g., not sharing drug works, using clean needles), raising self-esteem, practicing safer sex.

Recommended Basic Content for Messages Targeting African-American Substance Users:

— Know what safer sex is and always practice it

— Fight AIDS by fighting drugs

— Intravenous drug use is the quickest way to get infected

— Use clean needles

— Practice safer sex to save your life

— You are important to the world, protect yourself

—Protect yourself, you are worth it

MESSENGERS

African-American Peers — Peers of the same socioeconomic status as the targeted population, especially former drug users and even persons still using drugs.

Role Models, Leaders and Celebrities — Actors and actresses on family shows, soap operas etc.; people at all income levels with high self-esteem; actresses who play women who are peers of the targeted women; African-American talk show hosts and radio announcers; popular African-American women writers and poets.

African-American sports figures; African-American actors that play strong roles; African-American business men and politicians held in high regard at the local and national level.

Organizations — Drug related organizations, churches, civic and social clubs, sports related organizations, community health centers, tenant and block associations, community service organizations, colleges and universities, student health services, dormitories, student governments, campus academic and social clubs, fraternities and sororities, and lodges.

APPROACHES

Use of videos and brochures with HIV prevention messages and harm-reduction messages in drug treatment and rehabilitation service waiting areas and in other places where substance abusers congregate.

Use of video with HIV prevention messages in waiting rooms of health providers and in barber shops, beauty parlors, laundromats, etc.

Announcements in church bulletins and sermons from the pulpits.

Distribution of literature, table exhibits and discussion, and use of videos at health fairs, street fairs, fashion shows, and other special events.

HIV prevention ads and articles in newspapers and magazines targeting African-Americans such as Jet, Ebony, Essence and the Amsterdam News (NYC).

Commercials on radio and television during sports events, soap operas, family shows favored by African-Americans and talk shows.

Placement of posters and brochures in heavily trafficked locations such as supermarkets, laundromats, welfare centers, restaurants and fast food chains.

Bus and subway advertisements, including outdoor bus shelters.

HIV prevention messages on outdoor billboards, especially in African-American communities.

HIV prevention messages on decals, T-shirts, bumper stickers and lapel buttons.

AFRICAN-AMERICAN SUBSTANCE USERS

Overall Strategy: To expand drug treatment and rehabilitation services for African-American substance users and expand the support available to their family members and significant others.

TABLE 11

STRATEGY #1

SPECIFIC GOALS

Educate misinformed and uninformed friends and family members of substance users about relationships between substance abuse, safer sex and HIV/AIDS.

SUGGESTED ACTIVITIES

Governmental Agencies

- Provide funding for the education of friends and family members of substance users.
- Fund training programs to prepare substance users in recovery to share and communicate information about HIV/AIDS prevention and risk reduction, and the availability of drug treatment programs.

Communities and Organizations

Distribute routinely, HIV counseling and information packages to clients of hospitals, health centers, and other health providers which provide drug treatment and/or rehabilitation services, and display them for visitors to these facilities.

COMMENTS

While supportive activity with family members of substance users is recommended, it is acknowledged that some family members may not wish to be identified with and/or interact with relatives who are substance users.

STRATEGY #2

SPECIFIC GOALS

Establish more substance abuse prevention, treatment and rehabilitation programs for the African-American community. They should be available for entry when desired, since achieving motivation to change is difficult.

SUGGESTED ACTIVITIES

Governmental Agencies

- Expand the use of former substance users as counselors and speakers for outreach and prevention programs.
- Promote individual and collaborative action by appropriate governmental, foundation and corporate entities to:
  - — renovate abandoned buildings for the development of innovative drug treatment and rehabilitation centers; and
  - — fund the development and operation of needed programs and activities within these centers.

Communities and Organizations

- Develop promotional substance abuse avoidance messages and programs for the general African-American community, using pamphlets, forums, radio and TV commercials, rap lyrics, celebrities, etc. *(see Table 16)*
- Emphasize primary prevention messages, with the order of priority being children, pre-adolescents, adolescents, and then adults.
- Promote the development of additional drug treatment and rehabilitation centers, programs and services.
- Operate new and innovative drug treatment centers, which are culturally appropriate, effective, and acceptable as a needed community resource, rather than an anticipated community liability.

STRATEGY #3

SPECIFIC GOALS

Conduct comprehensive family education programs which involve all components of the African-American community, i.e., the church, business and small community organizations.

SUGGESTED ACTIVITIES

Governmental Agencies

Support the community and provide programs which eliminate many of the social ills (such as teen pregnancies, low self-esteem, no vision for the future, few positive role models, inadequate training and unemployment) that lead to drug use in the African-American community.

Communities and Organizations

Plan, develop and conduct comprehensive family education and training programs in cooperation with other local organizations, including the business community. Local businesses should, to the extent feasible, provide increased training and employment opportunities for community relations.

Chapter 3: AIDS and Black Religious Communities

KEY FINDINGS

- African-Americans and organizations in the African-American community think that the Black Church[1] should play a larger role in preventing AIDS.
- Most African-American churches oppose homosexuality and bisexuality although most have accepted members who are thought to be gay.
- African-American churches members who are thought to be gay, are not accepted as church leaders.
- Some African-American church leaders are willing to permit AIDS prevention education in their churches by outside groups.
- Of those African-American religious leaders who would permit discussion of AIDS prevention in their churches, or temples, most would want a different message for members than for other community residents. For example, in those congregations which would permit AIDS prevention education, they would not want condom use discussed with their members.
- The Black Church feels most comfortable in responding to the AIDS epidemic as follows:
  - — counseling and providing support groups for persons with AIDS and their families;
  - — channelling government resources into housing for persons living with HIV/AIDS; and
  - — providing information for individual and community empowerment.
- Although most African-American religious organizations have not actively spoken out on the issue of HIV/AIDS, religious leaders in the baseline and pilot testing focus groups indicate that they would be more comfortable advocating for increased resources than they would be in promoting HIV prevention practices, given the related conflicts with religious teachings.

FEAR OF AIDS, INTOLERANCE, AND JUDGEMENTAL ATTITUDES AMONG MEMBERS OF THE CONGREGATIONS WERE ALSO CITED AS FACTORS INHIBITING THE RELIGIOUS COMMUNITY'S INVOLVEMENT.

DISCUSSION

African-American religious leaders are aware that the spread of HIV and AIDS is a serious problem in the Black community and many have ministered to members of their congregations who have died of AIDS. However, they, along with organizations serving African-Americans and African-Americans in general believe "the

1 Although the term "Black Church" is used in this discussion, it is important to acknowledge that other African-American religious organizations are included in the use of that term. The Muslim Community, for example, includes a significant number of African-Americans.

Black Church" has been slow in responding to the crisis. It is felt that religious leaders have been ambivalent about taking on the issue of HIV prevention due to the stigma attached to the way it is transmitted. Fear of AIDS, intolerance, and judgemental attitudes among members of the congregations were also cited as factors inhibiting religious involvement. In spite of this, religious and other African-American leaders, other sectors of the African-American population, and the literature all agree that the Black Church as part of its calling has a responsibility to be extremely active in the fight to prevent AIDS. Because the church is a very important feature in the African-American community, it is believed that involvement of the Black Church is essential to containing the epidemic among African-Americans. Many think that messages from the church are the only messages that many African-Americans still trust.

There is unanimous agreement among religious leaders interviewed that they are obligated by scripture and moral imperative to promote abstinence and chastity among young people and unmarried people and sexual fidelity among married couples as the HIV preventive method. Scripture and moral concerns also lead them to oppose homosexual and bisexual lifestyles. However, most also realize that they must be realistic, and therefore also believe that promotion of condom use and distribution of condoms is necessary, as long as it is not done in the church.

Most think that religious organizations have a responsibility to go beyond their congregations to reach out and minister to the African-American community as a whole. Many agree that non-members need to be approached differently from church, mosque or temple members since it is assumed that members share the same theological views. Approaches in the community could include messages about condom use.

It is thought that there needs to be a general consciousness raising in the church about how AIDS is ravishing the African-American community and that ministers need to be educated and sensitized to the issue. All-day workshops or weekend conferences held under the aegis of established groups that have track records with religious leaders, such as ministers' alliances or councils, would be most effective in reaching ministers. Ministers, in turn, would sensitize their congregations, reduce fear and build tolerance among them. Relieving guilt and shame among persons with HIV/AIDS and their families was seen as part of the church's ministry of care.

Overall Strategy for Action

Enhance the effectiveness of African-American religious organizations in HIV prevention both among their church members and residents of the surrounding community. The strategy table for "Black Religious Organizations" appears on page 52.

THE ROLE OF THE BLACK RELIGIOUS ORGANIZATIONS

Overall Strategy: To enhance the effectiveness of African-American religious communities in HIV prevention and risk reducing practices, both among their members, and among residents in their surrounding communities.

TABLE 12

STRATEGY #1

SPECIFIC GOALS

Identify African-American religious leaders who are respected by their peers and willing to assist in garnering their active participation in efforts to significantly decrease the prevalence of HIV and AIDS in their communities.

In addition encourage African-American religious leaders to designate other formal and informal leaders in their religious communities to play an active role in:

- becoming well versed about HIV and AIDS;
- conducting HIV related educational activities in their religious communities;
- promoting HIV prevention and risk reducing practices; and
- facilitating collaboration, networking and referral between the religious community and pertinent community-based HIV related prevention programs.

SUGGESTED ACTIVITIES

Governmental Agencies

Provide support, as needed, to facilitate the identification and training of African-American religious leaders who are willing to actively promote HIV prevention and risk reduction, without value judgement nor negative bias.

Communities and Organizations

- Promote, support, and collaborate with African-American religious leaders, churches and other religious institutions which are willing to play an active role in HIV prevention and risk reduction.
- Encourage religious leaders to involve formal and informal leaders in their communities in HIV prevention activities.

COMMENTS

It is vital that this initial developmental activity be spearheaded by an African-American organization with documented credibility with African-American religious leaders. Ideally, the lead organization(s) should be an African-American church, religious institution, church alliance or consortium of churches, with technical assistance/collaboration provided from organization(s) with pertinent HIV education and community organization expertise.

STRATEGY #2

SPECIFIC GOALS

- Provide African-American religious leaders for HIV prevention with relevant information and education to:
- increase the priority which they attach to HIV prevention and risk reduction in their communities;
- increase their level of comfort in addressing issues related to HIV/AIDS; and
- motivate their support of HIV prevention and risk reduction efforts in their houses of worship and their surrounding communities.

SUGGESTED ACTIVITIES

Governmental Agencies

- Support development and use of informational and educational print and audio-visual materials for educational efforts involving formal and informal African-American religious leaders; and
- the design, use, and periodic updating of a comprehensive training module for African-American religious leaders related to HIV prevention and risk reduction.

Communities and Organizations

Use geographically and culturally specific print and audio-visual materials, media packages, and training module to increase active support and involvement of African-American religious leaders in HIV prevention and risk reduction efforts. Emphasize leader-to-leader peer education and skill development, and approaches to increasing community involvement and support for HIV prevention.

COMMENTS

- Information should highlight HIV/AIDS trends for the African-American population as a whole, as well as for those in the communities served. It should also focus on the benefits of collaboration, and identify related opportunities.
- Provide basic information on HIV/AIDS, including modes of transmission; their relationship to high risk practices; the need for increased community awareness and mobilization; and the need for increased advocacy and resource support. Emphasize the necessity for peer-led educational and training activities and the importance of discussing issues related to HIV/AIDS in a sensitive, non-judgmental manner.

STRATEGY #3

SPECIFIC GOALS

Provide periodic local, regional and statewide peer-led meetings and workshops for African-American religious leaders:

- discuss the importance of The Black Church and other black religious institutions playing a larger role in HIV prevention and risk reduction among African-Americans;
- provide opportunities for group planning for action; and
- facilitate subsequent information exchange and mutual support.

SUGGESTED ACTIVITIES

Governmental Agencies

Provide at least one technical assistance contract per region (a total of 4 regions, statewide) to assist regional groups of African-American religious leaders in developing and implementing action plans for HIV prevention and risk reduction.

Communities and Organizations

- Encourage religious leaders to form groups such as "Ministers Against AIDS" and to have their respective denominations develop official positions concerning HIV/AIDS.
- Conduct and evaluate all-day workshops, half-day workshops, and other group models which facilitate intensive consideration of issues related to HIV prevention by African-American religious leaders.
- Support, promote and collaborate with, African-American religious leaders and religious organizations willing to participate in HIV prevention and risk reduction efforts. Such collaboration should occur in a non-judgmental manner.

COMMENTS

- The technical assistance (TA) contractor(s) would provide TA to individual churches or houses of worship, alliances and other religious consortia which are willing to develop and conduct HIV prevention programs and activities in their religious communities, as well as to religious organizations which are willing to collaborate with other organizations which provide HIV prevention services.
- Use a pro-active approached in offering TA offered to religious communities in order to actively increase their involvement in HIV prevention efforts.
- Program development efforts should seek to bridge the gap between theological principles and practical needs related to HIV prevention in a fashion which permits religious communities to actively support these efforts.

Chapter 4: Increasing African-American Leadership

Although AIDS is now more than 12 years old, and has in recent years increasingly become a disease of color, relatively few African-American leaders — at national, state or local levels — have assumed active leadership roles in combating this disease. The need for increased African-American leadership has been identified, directly or indirectly, by a substantial majority of participants in the research.[1]

Increased African-American leadership is needed because although AIDS is increasing in all four of the major racial/ethnic groups in the United States which, together, are generally referred to as "people of color," the rate of increase in African-Americans (all persons of African descent living in the United States) is markedly disproportionate. According to CDC data, as of June 30, 1993, of the total of 153,018 cases of AIDS in people of color, 97,794 or 64 percent were in African-Americans. Within the larger national context, while African-Americans represent 12 percent of the U.S. population, they comprised 35 percent of all AIDS cases reported as of June 1993. The distribution of AIDS cases by race and ethnicity in New York State essentially mirrors the national picture.

A number of factors contribute to the low level of involvement by African-American leaders in HIV prevention, including:

- the continuing stigma associated with HIV/AIDS in predominantly African-American communities;
- numerous competing demands on the time and attention of African-American leaders by issues and needs which have higher priority;
- the scope and complexity of issues which must be addressed in order to mount a serious attack on AIDS, including the drug business and drug culture;
- the absence of an agreed upon mechanism for discussion of issues related to HIV prevention among African-American leaders (peer education and support groups), and development of an implementation plan;
- a general reluctance to address and discuss issues related to sex and sexuality, including homosexual and bisexual orientations, which have an associated stigma in the African-American community;
- absence of consensus in the African-American community concerning controversial approaches to HIV prevention and risk reduction, such as condom distribution in the schools, and needle exchange;

AFRICAN-AMERICAN LEADERS SPEND SO MUCH TIME AND ENERGY DEALING WITH A MYRIAD OF OTHER ISSUES AND PROBLEMS IN THEIR COMMUNITIES THAT LITTLE IS LEFT TO DEAL WITH HIV/AIDS RELATED ISSUES AND NEEDS.

1 The participants in the research activities included "formal" or widely regarded leaders, and many more "informal" leaders. Informal leaders are individuals who, while not recognized as leaders, by the media or general public are considered to be leaders within their perspective peer groups and/or communities.

- inadequate knowledge and understanding of HIV/AIDS and/or denial of the seriousness of the threat which it poses in predominantly African-American communities; and
- African-American leaders, like most leaders, do not take positions or actions which they perceive are not supported among their constituency and their community.

There is wide agreement that while the African-American leadership is aware of the two main modes of transmission of HIV, many are not well informed about the impact and magnitude of the problem among African-Americans, nor of key considerations regarding approaches to HIV prevention. Additionally, many African-Americans in general, including those in more severely affected inner-city communities, are unaware of the scope of this problem. This relatively low level of awareness of the impact of HIV disease on African-Americans is frequently given as a reason why African-Americans leaders have not been more active in HIV prevention. They attribute this inadequate knowledge to the following: (a) lack of media reporting of the disproportionate prevalence of HIV in African-Americans; (b) government has not done enough to make leaders aware of the need; and (c) institutional racism results in a lack of commitment to improving the status of African-Americans in general, not to mention their status in regard to HIV disease, a complex and demanding problem.

African-Americans studied also believe that the inadequate response by their leaders to the HIV/AIDS crisis is due to the stigma attached to HIV because of its continuing association with homosexuality. In addition, many African-American leaders and others note that African-American leaders spend so much time and energy dealing with a myriad of other issues and problems in their communities that little is left to deal with HIV/AIDS related issues and needs. Furthermore, community-based organizations serving African-Americans are in a struggle for their very survival, and thus cannot give appropriate attention to HIV prevention. Many grants and contracts: (a) provide a level of funding which is totally inadequate for achieving significant improvement; (b) have so many administrative requirements that they are very burdensome on community organizations which are already underfunded and thinly spread; and (c) do not fund general and administrative expenses, which are a necessary part of business operations. The needs of community organizations are discussed in detail in Chapter 6.

African-American leaders and others agree that there must be an extensive public campaign to make known among African-Americans the disproportionate impact of HIV disease in their communities. It is felt that churches, schools, community-based organizations and other organizations with long standing community ties should lead the effort. African-American church leaders and elected officials are repeatedly mentioned as important and desired catalysts to mobilize other African-American leaders and the African-American community at large to become more active in HIV prevention efforts. African-American elected officials should develop and support policies to increase HIV prevention funding, to influence national, state and local policies aimed at resource distribution and to influence the philanthropic community to increase its support of HIV prevention in African-American and other communities of color.

It is recommended that a broad-based team of African-American leaders and experts, with a variety of relevant skills, develop an implementation plan to stop the spread of HIV among African-Americans, which builds upon this strategy plan.

Elected officials, church leaders, and other African-American leaders have the clout to bring together the other legislators, governmental representatives, business people, CBO representatives and health providers needed to collaborate in the effort.[2]

Overall Strategy for Action

Enhance the effectiveness of African-American leaders in using their personal influence and organizational networks to motivate and facilitate a significant increase in HIV prevention and risk reducing practices in their communities. The strategy table for African-American leadership follows.

2 An example of an African-American elected official mobilizing his community is the action of New York State Assemblyman Albert Vann whose district includes the Bedford Stuyvesant section of Brooklyn. Realizing the difficulty likely to be confronted in mobilizing his constituents around HIV/AIDS, he selected a less conflict-laden but related health issue, tuberculosis, connected it with HIV and collaborated with local organizations to organize a conference, "TB in the Age of HIV: Bedford Stuyvesant Fights Back", February, 1993, in Bedford Stuyvesant. Nearly 300 residents of the area, many of whom would not have come out to a meeting called to address HIV, attended this conference.

TABLE 13

THE ROLE OF AFRICAN-AMERICAN LEADERS

Overall Strategy: Enhance the effectiveness of African-American leaders in using their personal influence and organizational networks to motivate and facilitate a significant increase in HIV prevention and risk reducing practices in their communities.

STRATEGY #1

SPECIFIC GOALS

Provide formal and informal African-American leaders with HIV related information and education to:

- increase the priority which they attach to HIV prevention and risk reduction in their communities;
- increase their level of comfort in addressing issues related to HIV and AIDS; and
- motivate their active participation in and support of HIV prevention and risk reduction efforts in their communities, including the availability of substantially more resources.

SUGGESTED ACTIVITIES

Governmental Agencies

- Support: 1) development and use of especially designed informational and educational print and audiovisual materials for educational efforts involving formal and informal African-American leaders; and 2) the design, use, and periodic updating of a comprehensive training module for African-American leaders related to HIV prevention and risk reduction.
- Support the development and conduct of periodic workshops which bring community-based and other African-American leaders together to discuss HIV prevention and the risk reduction strategies.
- Support the organization and conduct of local neighborhood discussions and meetings, in housing projects, during parties in the homes as well as, schools, religious institutions, block associations meetings, and meetings of other civic and community organizations.

Communities and Organizations

- Use geographically and culturally specific print and audio-visual materials/media packages, and the training module to significantly increase the active support and involvement of African-American leaders in HIV prevention and risk reduction efforts. Emphasize leader-to-leader peer education, skill development, and approaches to increasing community involvement and support for HIV prevention.
- Develop and conduct periodic workshops which bring together community-based and other African-American leaders to discuss HIV prevention and risk reduction strategies.
- Organize and conduct local neighborhood discussions and meetings, in housing projects, during parties in the homes as well as, schools, religious institutions, block association meetings, and meetings of other civic and community organizations.
- Collaborate, cooperate with, and conduct directly a wide spectrum of HIV related community-based activities, using innovative and proven culturally appropriate approaches, with an emphasis on peer leadership.

COMMENTS

- The information provided should highlight HIV/AIDS trends in the African-American population as a whole, as well as for those in the specific area(s) which they serve and/or represent. The information should also focus on the benefits of collaboration, and identify related opportunities.
- Provide basic information on HIV/AIDS including modes of transmission; their relationship to high risk practices; the need for increased community awareness and mobilization; and the need for increased advocacy and resource support.
- Workshops should include large plenary sessions (with all participants) at the beginning and end of the workshops and small focus group discussions among participants with similar interests, expertise and experiences. Participants in the HEALTH WATCH workshops conducted for this strategy development project were unanimous in their enthusiasm for the use of this format. They also emphasized that such workshops should be continued for various African-American sub-groups (especially according to socioeconomic status) as well as for leaders, to increase HIV prevention and risk reduction activities among African-Americans.

STRATEGY #2

SPECIFIC GOALS

Establish three regional African-American leadership groups/consortia in New York State to achieve (with the Black Leadership Commission on AIDS (BLCA) which is based in New York City) increased local, regional and statewide advocacy for resource development, program development and policy formulation aimed at HIV prevention and risk reduction among African-Americans.

SUGGESTED ACTIVITIES

Governmental Agencies

Support and facilitate:

- establishment and operation of the additional leadership groups, as well as BLCA;
- development of a five-year implementation plan (see Strategy 3 for more details); and
- conduct an annual African-American leadership workshop, coordinated by the four African-American leadership groups. A major component of the workshop program should be an annual review of HIV/AIDS trends related to African-Americans, community activities and supportive behavior, as well as plan implementation progress.

Communities and Organizations

Actively participate in and promote establishment and operation of the regional leadership groups, to facilitate achievement of their mission.

Foster and participate in collaborative efforts and activities among various African-American organizations whose goals include or are compatible with HIV prevention.

COMMENTS

The net effect of this strategy would be to have four Regional African-American leadership groups in New York State as a parallel to the four Regional Community Education Committees (RCEC) sponsored by the AIDS Institute. The geographic boundaries for the leadership groups should, ideally, be the same as those of the RCEC to facilitate collaboration, information exchange and other networking activities between the leadership groups and RCEC.

In addition, in keeping with the benefits of a holistic approach, the leadership groups would also promote and support the provision of needed services for those who are infected and affected by HIV/AIDS.

STRATEGY #3

SPECIFIC GOALS

Develop a comprehensive statewide time-phased five year plan for HIV prevention and risk reduction for African-Americans, which includes both financial and human resource requirements.

SUGGESTED ACTIVITIES

Governmental Agencies

Support and facilitate the development and implementation of the Five-year plan for HIV prevention and risk reduction in African-Americans.

Communities and Organizations

Actively support and participate in the development and implementation of the five-year plan.

Chapter 5: HIV Counseling and Testing

KEY FINDINGS

- Although many African-Americans say they would want to know if they had HIV infection, most of them have not been tested.
- Key reasons given by African-Americans for not having had the HIV antibody test are:
  - — distrust of the government, or distrust of the agency doing the test,
  - — fear of disclosure if seropositive,
  - — fear of being seen in a place that is known for doing HIV testing, and
  - — fear of adverse results (for example, discrimination, interrupted social relationships) and their inability to handle it.
- Many African-Americans report psychological fears related to learning that they have HIV infection, such as:

  "The worry and stress would result in faster deterioration."

  "Because of fear of death, I would kill myself."

  "I would randomly infect others or have a bad attitude."

  "I fear the stigma."

  "I couldn't cope."
- There is concern that "If everyone did get tested, needed services are not available for the people" found to have HIV infection. "You just can't say know your HIV status without having the services in place to deal with the results". . . "Assurances must be given that all barriers which presently prevent access to primary care services will be eliminated."
- Special problems are encountered by those in prison who are identified through counseling and testing as having HIV, including disclosure to others, isolation, ostracism, or being subject to violence.

THERE IS CONCERN THAT "IF EVERYONE DID GET TESTED, NEEDED SERVICES ARE NOT AVAILABLE FOR THE PEOPLE" FOUND TO HAVE HIV INFECTION.

DISCUSSION

Individuals should be encouraged to get HIV counseling and testing to: 1) prolong their lives; 2) get early care; 3) prevent further transmission to others; and 4) delay the onset of illness.

The reluctance of many African-Americans to receive HIV counseling and testing is grounded in their distrust of the organizations providing the test, and a lack of

confidence in procedures for ensuring confidentiality. This is compounded for many African-Americans by experiences based on life in socioeconomically disadvantaged communities resulting in inadequate housing, poor healthcare, insufficient social services, and other related conditions.

The stress of being tested for HIV is increased by the fact that individuals must be careful about telling other people they have been tested for HIV because of the discrimination which exists on the job and within the housing, health, and insurance industries. Although, they are free to disclose the outcome, to do so may add further stress.

For example, during a focus group of African-American leaders in Albany, N.Y., a participant reported that "The principal of a local high school circulated or allowed to be circulated, a list of students who were HIV positive. There were seventeen names on the list and all were African-American. The kids are now being ostracized."

False positives are another problem. On August 25, 1993, The City Sun, a New York City newspaper with a majority African-American readership, published a story, "Women Told Erroneously They Had AIDS." It continued, "The women were so rattled by the false tests that one victim's husband thought about suicide and the second woman considered having an abortion." Although false-positive tests are reportedly rare, these two incidents appeared the same week at the same hospital.

An additional problem is the counterproductive beliefs and negative attitudes of peers and significant others who influence individuals who need these services most.

Issues of disclosure, social ostracism, and inability to cope, in addition to limited access to services, need serious discussion and appropriate solutions to counteract the negative realities which render the current system ineffective.

Overall Strategies for Action

Establish HIV counseling and testing sites within community-based organizations providing a broad array of services. These counseling and testing programs should: (a) have the trust of the African-American community; (b) provide comprehensive and sensitive services which ensure confidentiality; (c) provide appropriate support services; (d) facilitate client referrals for services they do not offer; and (e) include community residents on advisory committees which monitor and evaluate HIV related policies and procedures and activities.

Develop plans for responding to the increased need for HIV related services in communities where resources are limited and increased numbers of individuals are to be tested, or urged to be tested.

Conduct culturally appropriate media campaigns which emphasize the benefits of knowing one's HIV status.

Chapter 6: Special Needs of Community Organizations

Community organizations play an important role in community life, including enhancing the health and well being of community residents. Each of the major strategies recommended by HEALTH WATCH defines a substantial role for communities and community organizations. Community-based organizations (CBOs) have a special role to play if the myriad of problems which impact on HIV prevention and risk-reduction is to be effectively reversed. From service providers to outreach workers, CBO employees and volunteers work on the front line daily with individuals in the sub-groups addressed in this project, their families, and their significant others. Given the broad experience of many CBOs in serving African-Americans, many of them have a credibility with local residents as well as with other local organizations which make them uniquely qualified to promote, motivate, and facilitate HIV related risk reducing practices. However, CBOs have special needs which must be met in order for them to effectively contribute to HIV prevention and risk reduction in African-Americans.

The challenges confronted by CBOs in their efforts to achieve HIV prevention and risk reduction among African-Americans primarily relate to their ability to: (a) effectively administer needed programs and services; (b) provide the needed direct services; and (c) develop and maintain collaborative relationships with other organizations and agencies. An overview of key issues and/or needs in each of these areas follows.

DIRECT SERVICES

Predominantly African-American inner-city communities are virtually under siege due to the pervasive drug trade, which has a significant association with socioeconomic deprivation and related conditions. CBOs in such communities must be assured of safety and protection for their staff. Transportation through the use of outreach vans, and through travel in groups of two or more for mutual protection is recommended by CBOs for especially hazardous areas.

Another area of concern expressed by CBOs serving African-Americans is that meeting needs which they identify as effective and appropriate for their audiences should be accepted and supported by funding agencies.

Culturally appropriate sources for HIV prevention activities include barber shops, laundromats, stores and other locations which provide alternative cures; and in the Caribbean community, restaurants, where people frequently meet, sit and talk. Home-based activities, similar to Tupperware parties, when culturally adapted, can be effective for discussions and other activities related to HIV prevention. Finally, home visits for discussion and counseling with individuals, the family as a

unit, or in smaller sub-groups within the family are also effective, especially in immigrant families where there may often be reluctance to even use "mainstream" organizations, and even greater unwillingness to discuss HIV related issues in an organizational setting.

The use of theater has been found to be effective in reaching and influencing adolescents, and is also considered to be a potentially useful approach for adults. Finally, there is a wide consensus among CBOs that HIV prevention messages and approaches for African-Americans require ongoing repetition and reinforcement.

COLLABORATION AND COALITION BUILDING

Collaboration and coalition building are necessary in designing comprehensive HIV prevention plans which can then be sent to potential funding sources.

CBOs indicate that collaborative efforts are needed to bring leaders of community organizations together in a meaningful and ongoing way. If this is achieved, shifting interests do not negatively impact on cohesiveness, or cause a decline in the collaborative effort.

Many CBO leaders indicate that a "lead agency" should pull the member organizations together, with collaboration and coalition building as its only mission. In other words, direct services should be provided by member organizations, and not by the lead organization.

Another key role identified for the lead organization is needs assessment, with the smaller or collaborating organizations having input in the planning process. Objectives should be planned, and not impulse driven. Meetings should be time limited, and have a defined agenda, distributed in advance.

Ideally, organizations included in collaborative efforts would include HIV providers as well as other community organizations focused on related issues.

FUNDING

Many CBOs serving African-Americans are funded by governmental grants and contracts. Although the funding is necessary for carrying out their missions, CBOs researched reported that administrative requirements of funding agencies often had a negative impact on their programs. CBOs frequently experience a time lag between the effective date of a grant or contract and receipt of the initial payment. This requires the affected CBO, which is usually underfunded, to provide start-up funding at considerable financial hardship. Organizations may have to borrow start-up funding, thus incurring interest expense which is not reimbursable. In other instances, CBOs experience intervals without funding at start of the next year of continuation grants and contracts, which also create cashflow and/or deficit financing problems.

Another problem reported by CBOs is delay in receiving reimbursement after submitting vouchers along with required reports and other deliverables. Since project activities cannot be stopped pending receipt of payment, the CBO has no alternative except to continue project operations through deficit financing.

CONCLUSION

Many of the issues, concerns and needs voiced by CBO leaders also apply, in varying degrees, to regional and national organizations serving African-Americans. Once they are given credence and seriously addressed, it is likely that a solid, community and nationally driven urgency and energy around the necessity of HIV prevention and risk reduction among African-Americans can be achieved.

Chapter 7: Public Communication

The primary focus of this section is to examine and establish the most effective campaign messages, messengers, and approaches for affecting African-American HIV risk reducing behavior.

Public communication plays an essential role in health promotion and disease prevention. Mass media and other communication strategies can be effective in promoting change in health behavior, however, communicating effectively about health is a difficult undertaking. Communicating effectively about health with African-Americans is even more difficult because: (a) relatively few resources have been invested at national, state and local levels in developing the methods, skills and experience needed to do so; (b) methods, materials and approaches used have not, in general, been adequately tested and evaluated; (c) customized or segmented approaches are needed for various socioeconomically, demographically, geographically and ethnically diverse sub-groups within the African-American population; and (d) preventive health is a relatively low priority, for those African-Americans who are economically disadvantaged,given their necessary focus on the basic survival needs of food, shelter, clothing, and employment. In the case of AIDS, where the latency period can be 10 years, the challenge of motivating risk reducing practices through public communication is further compounded. Many inner-city African-Americans consider themselves more at risk of death or suffering from numerous other causes including accidental and intended acts of violence.

Influencing African-Americans to adopt risk reducing practices is also difficult because of the initial portrayal of AIDS in the mass media as a disease of gay, white men—a view not yet fully dispelled in the African-American community. Finally, many African-Americans correlate having AIDS with death, without understanding the broad range of physical, psychological, medical, social and financial consequences often experienced by people with AIDS prior to their death. This limited understanding limits any incentive for avoidance through behavior modification.

KEY FINDINGS

- The level of knowledge about HIV/AIDS among African-Americans as a whole was considered inadequate by virtually all project participants.
- Although the level of HIV related knowledge was generally considered to be somewhat higher among African-Americans infected with HIV, a few experts considered their level of knowledge less, and their serostatus evidence of this lower level of knowledge.

- The media protrays most people with HIV/AIDS as white, empowered, and healthy. This mitigates against risk reducing practices among African-Americans. Magic Johnson's announcement of his HIV infection had a positive effect in the African-American community by both increasing discussion about AIDS among African-Americans and, for a significant period following his announcement, increasing the number of African-Americans obtaining HIV counseling and testing.
- Communication messages, materials and approaches must be culturally appropriate, and customized for specific sub-groups, if they are to have a significant effect.
- There has been a relative scarcity of culturally appropriate HIV prevention communications, messages, and materials targeting African-Americans and the effectiveness and relevance of many of these has not been determined.
- Messages must be repeated and reinforced on an ongoing basis if they are to be effective.
- There is limited awareness of the universe of HIV prevention materials available which target African-Americans, as well as limited resources for their wide distribution and use.

ANALYSIS OF COMMERCIALS AND ADVERTISEMENTS

HEALTH WATCH analyzed 10 television commercials and nine magazine ads of well-known products targeted to African-Americans in order to examine methods used by these media to influence African-Americans. The television commercials were from prime time programs viewed by large numbers of African-Americans and the magazines had primarily African-American readers. Other than sound and movement, the elements used in television commercials and print advertisements were essentially the same.

Models and Spokespersons

Most of the television commercials used a single spokesperson who was almost always a man. Very often, the model was representative of the minority population, or was cross-cultural. In the printed media, photographs of people were always used, cartoons and illustrations were not used at all. Generally, two or more African-American models were used — usually a male or male and female. Female models alone were used least of all. Models wore casual attire in both media. Only one of the television commercials used celebrities as did two of the nine print ads.

Color and Layout

Bright or pastel colors were predominantly used in TV commercials, with occasional use of earth tones. All print ads were in color, and all but one was a full page'ad.

The Message

Messages were short; both TV commercials and print ads used between 25-75 words.

Persuasive Appeal

Both media used attention getters, and consistently established personal need. TV commercials used audio and visual motifs to capture the attention of the viewer. TV commercials and print ads emphasized security, ease and conve-

nience, and self preservation, followed by prestige, in attempting to convince the viewer or reader that he/she needed the product.

Sound

Instrumental music was predominant in most of the television commercials, and half of them had additional sound effects. There was generally an equal distribution of live action with the announcer in view and live action with voice-over. There was also some creative use of sound or visual effects, and a few still pictures with voice overs. Animation was seldom used.

SUGGESTED CAMPAIGN MESSAGES

HEALTH WATCH used focus group discussions—from baseline focus groups and focus groups at the Grassroots Workshop—and in-depth interviews to obtain, test, and evaluate possible HIV/AIDS prevention message content especially for mass communication and public campaigns. This activity was conducted to determine appropriate basic message content, and not exact wording.

Different techniques were used for obtaining message content from focus groups and in-depth interviews. Focus group participants were given a list of suggested messages to rank; individuals interviewed were asked to suggest a general message for African-Americans and a customized message for specified sub-groups. A more detailed discussion of how messages were collected and the results are described below.

Messages from Focus Group Activities

Participants in each baseline adult focus group were invited to choose three preferred HIV/AIDS prevention campaign messages from a list of 10 which had been proposed by HEALTH WATCH and rank their choices. Respondents who preferred a message not included in that list or preferred an additional message, were encouraged to add it to the proposed list. Participants at the June 1992 Annual Educational Services Technical Assistance Conference of the New York State AIDS Institute, the October 1992 Black Church Institute of the National Minority AIDS Council Conference, and the February 1993 New York State Black and Puerto Rican Legislative Caucus Weekend were also invited to select or propose messages. Altogether, 147 baseline focus group participants and 98 conference participants responded.

Messages from In-Depth Interviews

Individuals interviewed were asked to suggest messages for African-Americans in general, and for African-American adolescents, women, and men. In addition, providers of services to substance users were also asked to suggest messages for this sub-group. To solicit general messages, they were asked, What in your opinion is the most important message that should be given to African-Americans, as a whole, to prevent HIV infection? To solicit messages for the various sub-groups they were asked, for example, for adolescents, What in your opinion is the most important message that should be given to adolescents? Most respondents gave more than one message or message idea for each group.

General Messages for African-Americans

FROM FOCUS GROUPS:

The three most frequently chosen messages in the Grassroots Workshop and subsequent pilot testing focus groups were originally write-in suggestions. The message most frequently chosen by participants in the Grassroots Workshop and the pilot testing focus groups was, "If you think wearing a condom is uncomfortable, try having AIDS!" This was suggested by an adolescent male following a baseline focus group.

The second message, "Respect yourself! AIDS Kills! Protect Yourself!", was suggested during an in-depth interview with a nationally known African-American female psychiatrist.

The third most frequently chosen message was, "Practice safer sex. Your life is worth it!" It was suggested by a participant at the Black and Puerto Rican Legislative Caucus Weekend.

The message, "Know what safer sex is and always practice it!", ranks the highest, having been selected by a total of 92 individuals.

FROM INTERVIEWS:

Messages that promote the concept that everyone is at risk were most frequently suggested in the interviews. They included: "Anyone can get AIDS!", "AIDS and HIV are real!", "We're all potentially at risk!", "AIDS does not discriminate!", and "AIDS is no longer a gay disease!"

Messages urging individuals to value, take control of their lives, and to invest in the future were also considered important. For example: "You can prevent AIDS!", "There is no cure, but you can prevent it!", "Respect yourself enough not to hurt yourself!", "Value your life!", "Protect yourself, you are worth it! "

Messages conveying the dire consequences of the disease were the second most frequently cited in interviews. "AIDS kills! Death! Killer disease!," "Respect yourself—AIDS kills—Protect yourself!" The latter message and the message, "There is no cure, but you can prevent it!", combine two concepts: one can control one's fate and the consequence of AIDS is death.

Messages which stress or contain educational content (information about how to protect oneself) were: "Practice safer sex, use condoms at all times regardless of sexual preference!", "Practice safer sex, here's how. . .!", "Whether you're having sex with a man or a woman, these are the steps to take. . .!", and "Education starts at home!"

Other messages or message ideas included: "Condoms are OK!", "Abstain!", "Don't be in denial!", and "AIDS is not a sin, It's a disease!" Messages such as Condoms are OK! and/or Abstain! (from having casual sex) are directed at creating and enforcing behavior which strengthens self protection.

Interviewees also thought it important to try to get individuals to recognize denial as a defense mechanism and to denounce it as non-productive for HIV prevention purposes. Finally, it was considered important to give credence to the individual/collective spiritual affirmation that AIDS is not a sin, it's a disease.

The fact that so many different messages or message ideas were given, suggests that a series of messages are needed to reinforce the many strategies for

HIV prevention and risk reduction among African-Americans, since very different messages appeal to different individuals and audiences.

Messages for Sub-Groups of African-American

ADOLESCENTS

- *Abstain!*
- *Avoid sex if you can. If you can't use a condom!*
- *Be a teenager as long as you can!*
- *Save sex for that special person in your life!*
- *Take responsibility for your behavior!*
- *Practice safer sex!*
- *You have the future ahead of you!*
- *Unprotected sex can = certain death!*
- *You are important to the world, protect yourself!*
- *Don't take a chance, it could happen to you!*

It should be noted that the vast majority of the adults who answered this question gave typical adult responses. They tell adolescents to abstain, be responsible, practice safer sex because they have the future ahead of them. Others remind teenagers that they indeed can get AIDS. In reality, recent findings reveal that what adolescents need most are facts and skills, not sermons. Since many young adults are in all probability, infected in their teen years, such messages as Unprotected sex equals certain death! are clear and to the point. Making it "hip" to prevent infection also appears to be an effective approach. HEALTH WATCH stresses the value of having adolescents develop their own message or messages.

AFRICAN-AMERICAN MEN

The messages for African-American men promoted responsibility, addressed issues of self-esteem and the bias against using condoms, and appealed to concerns about genocide. Thus, they are consistent with overall research findings related to African-American men. Key messages suggested were:

- *Take responsibility/be responsible about sex!*
- *If you fool around, don't bring HIV home to your partner!*
- *Respect yourself and others!*
- *Looks, status and money can't prevent you from getting HIV!*
- *You make the choices—Life is for life!*
- *Eroticize condom use/make it manly!*
- *Safer sex can be good sex!*
- *Wear a condom every time!*
- *Wear a condom, and stay in a monogamous relationship!*

AFRICAN-AMERICAN WOMEN

The messages suggested for African-American women deal with issues of empowerment, self reliance, and personal control of their bodies and their lives. This is consistent with overall research findings related to HIV prevention needs for African-American women. Key suggested messages were:

- *Women must protect themselves!*
- *You are responsible for you/yourself/your body!*
- *You have a choice, be selfish with/control your body!*
- *Concern for your own health and consideration of others is important!*
- *You are the only one you can be sure of, so protect yourself!*
- *If you don't protect yourself, how can you protect your children?*
- *Make/insist your partner wear a condom! Be assertive!*
- *Talk to your partner. Take things slowly!*
- *Talk! Talk! Empower yourself!*
- *Empowerment, build a positive image!*

SUBSTANCE USERS

Most of the messages suggested for substance users were directed at stopping drug use. However, HEALTH WATCH found the research indicated that prevention efforts targeted at active substance users will be futile unless they are combined with drug treatment and rehabilitation programs.

Fighting drugs, not shooting up, harm reduction, raising self-esteem, affecting self-education, increasing judgement, respecting one's partner, and consistently using clean needles all presuppose active enrollment in a drug treatment and rehabilitation program without being put on a waiting list. Messages suggested were:

- *Fight AIDS by fighting drugs!*
- *Shooting up must go!*
- *Drugs affect your judgement!*
- *Intravenous drug use is the quickest way to get infected!*
- *Drug use increases risk!*
- *Respect your partner!*
- *Use clean needles!*
- *If addicted, practice harm reduction!*
- *Raise self-esteem, educate yourself!*

Recommended Overall Messages

HEALTH WATCH concluded that in order to reach African-Americans and motivate HIV risk reducing practices, messages containing the following five ideas must be delivered repeatedly over an extended period of time, in a variety of formats, and by appropriate messengers.

1. Knowledge and Practice of Safer Sex
2. The Vulnerability of Everyone to Contracting HIV/AIDS
3. Empowerment/Self-Value and Self-Esteem
4. The Dire Consequences of HIV/AIDS

SUGGESTED MESSENGERS

The most effective messengers, in order, for reaching African-Americans are peers, role models, organizations that have standing and credibility in the African-American community, credible African-American leaders and celebrities. The discussion about each of these messengers which follows should be read keeping the following points in mind:

- While this section of the report is principally about public communication, in most cases, the same messengers are also appropriate for other more personal forms of communication.
- Any particular messenger might fit into two or more of the five categories of messengers. For example, a teen actor can be both a peer and a celebrity; a politician is a leader, but can also be a role model for one who aspires to run for office, or others wishing to become leaders.
- Certain messengers are more effective with particular African-American subgroups than others. The age, sex and socioeconomic characteristics of the target audience must be taken into account in selecting messengers.

Peers

Peers were the most often recommended messengers. Their effectiveness was emphasized in every aspect of the research.

Peers are effective influencers because they can understand and be sensitive to the needs of their audience, and because their audiences are able to personally identify with them. Peer messengers are especially important for communications with adolescents who look to peers for information, direction, example and approval. All African-Americans are likely to respond more favorably to the increased use of African-Americans in the broadcast and other mass media. When messengers are white, upwardly mobile individuals, and even upper-income African-Americans, the masses of African-Americans assume the message is not relevant to them or their needs.

Role Models

Role models derive their influence from the fact that they generate respect and individuals look up to them, aspire to be like them and emulate them. Role models may include prominent national, state, local or community figures, or more ordinary individuals whom one knows personally and admires. A role model might include someone who is successful in a job or career one aspires to, someone with admirable personal qualities such as understanding, kindness, loyalty, a sense of humor, intelligence or dedication to a cause. A very effective role model may be someone who has accomplished a difficult task that one also wishes or needs to accomplish, such as kicking a drug habit. An effective role model often serves as a mentor for his/her admirer.

Although much has been said about adolescent rebellion against adult authority and the difficulties of parent-child communication during this turbulent stage of life, parents and teachers remain significant role models for teenagers, whether their influence is positive or negative. Many adolescents express the desire for better communication with their parents and teachers. In order to be effective, parent and teacher communications, must be seen as non-judgmental, honest, straight forward, not preachy, understanding of adolescent concerns, and on their side.

Organizations

Organizations with credibility among African-Americans include those at national, state, and local levels that fight for African-American rights, and improvement in their lives; provide services to African-Americans and are perceived to care about them on a personal level; and provide spiritual and or social contact and support. Organizations may have high credibility with some African-American segments, and little or none with others. This is why customized, segmented messages and approaches to HIV prevention are important, even within the African-American community. Examples of such organizations are the NAACP, Southern Christian Leadership Conference, National Urban League, national conferences and associations of churches, lodges, fraternities, sororities, and alumni associations. These organizations influence their own members, people they serve directly and, to varied extent, African-Americans in general. For many other African-Americans, however, local community organizations, or even loosely structured peer groups may be much more effective.

African-American Leaders

African-American leaders are perceived by many African-Americans to have power, success and knowledge, and are in an excellent position to influence beliefs and behaviors of other African-Americans. African-American leaders on the national, state and local level all need to serve as spokespersons in the fight against AIDS. Such leaders include political figures, recognized experts, prominent organizational and church leaders, and other formal and informal community leaders. Church leaders often include not only the formal head, but also other highly regarded individuals in the church. Participants in the pilot testing church leaders focus group emphasized that often church members other than the pastor are more appropriate individuals to lead church related HIV/AIDS prevention efforts.

Celebrities

African-American celebrities were mentioned least during the overall research as potential messengers. Nevertheless they can be effective, especially in high profile public communications such as television commercials and ads in glossy magazines. The appropriate celebrity depends on the audience being addressed. For example, messages directed to males might be delivered by sports figures and African-American actors who play strong male roles. Women might be more influenced by actors on family shows, particularly women actors; by actors who play women who they see as their peers; and by women writers such as Maya Angelou or Toni Morrison. For other women, a blue collar or grassroots woman would be a more effective spokesperson. Rap and "hip-hop" performers, and actors who play teen roles are likely to be effective for adolescents. Certain celebrities may appeal to particular African-American socioeconomic groups, and some celebrities appeal to most African-Americans.

SUGGESTED COMMUNICATION APPROACHES

For predominantly African-American communities, attention must be given to channels or vehicles for communication as well as the message and the messenger. Utilization of non-traditional as well as traditional communication channels and approaches is essential. What might be considered non-traditional forms of communication in some communities, such as posters, flyers, announcements in church bulletins, billboard displays of varied sizes, and bus and subway ads, are traditional in inner-city communities.

Distribution of information in such communities should also include beauty parlors, barber shops, laundromats, supermarkets, and other familiar and heavily trafficked locations. In order to implement such approaches, it will be necessary to achieve agreements for ongoing collaboration with such establishments. One must understand the priorities of these establishments and be prepared to address their concerns. Often, incentives may be needed to gain their cooperation. For example, a beauty parlor or laundromat owner might agree to play an HIV prevention videotape at periodic intervals in exchange for a free VCR and monitor, with the understanding that the owner can play whatever he/she wants the rest of the time.

Special events and group meetings also provide opportunities for public communication. Adolescent theater companies have proven effective in getting HIV prevention messages to adolescents and, through the interaction of cast members with audience members, focusing their attention on risky adolescent attitudes and practices.

Small group communications should be incorporated into any overall plan.

- Small focus group-like discussions: (a) provide sufficient in-depth discussion to have a meaningful effect on participants; (b) are reported by participants to be highly beneficial to them in influencing their personal attitudes and projected subsequent practices; and (c) are likely to produce effective "word-of-mouth" communicators. Most focus group participants leave committed to modify, or at least rethink, their practices and to discuss the importance of HIV prevention with family members and/or significant others.
- The "Train-the-Trainer" model, which would facilitate significant expansion of the number of African-American peer educators, is recommended for broader use in African-American communities. Increasing the number of African-American peer educators should be a priority.

Effective communication approaches for specific African-American sub-groups differ considerably. For example, rap music and similar youth oriented approaches may work for the "Hip Hop generation," but they would not only be ineffective with most adults, but would probably be resented. For men, sporting events represent a good communication opportunity. Print messages addressed to men should be located in the sports section which has a high male readership, while messages for women would be better placed in sections more frequently read by women. Similarly, broadcast messages need to be linked to targeted listening audiences.

It is essential that the number and mix of culturally appropriate HIV prevention messages for African-Americans be markedly increased, widely distributed, and frequently reinforced. This should be done with the same level of commitment to quality which exists for mainstream America. There must be an investment of substantially more financial resources specifically earmarked for mass communication to African-Americans. There must also be active input and participation from African-Americans, including those with pertinent health and communications expertise, both in developing and producing these messages.

Finally, in order to be effective, messages must be given repeatedly, and over a sustained period of time. For example, a broadcast message should be repeatedly aired for a minimum of 13, and preferably 26 weeks or more. This is the standard used by the advertising industry to influence and modify behavior. Given the numerous challenges related to motivating HIV risk reducing practices in African-Americans, more modest approaches are unlikely to work. The level of financial investment for other communications approaches targeting African-Americans should also be comparable to the level of investment used for non-minority populations.

Appendix A:

AIDS and African-Americans: It's Time for Action!

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Edythe Meadows, Data Entry Coordinator, Center for Development of Human Services, State University at Buffalo

Wendell Moore, Company Manager, The HEALTH WATCH Players, HEALTH WATCH

Craig Powell, Research Associate, HEALTH WATCH

Lanere Holmes Rollins, Facilitator/Counselor/Instructor, People with AIDS Coalition

Pernessa Seele, Vice President for Health and Human Services, Harlem Churches for Community Improvement

Carlos Segurra, People of Color in Crisis

Lawrence A. Teele, Project Coordinator, Greater Brownsville Youth Council

Mapple Walker, Marketing and Development Specialist, HEALTH WATCH

Rommell E. Washington, Clinical Supervisor, Reality House, Inc.

Stephen Williams, Case Manager, Supportive Housing Apartment Program, AIDS Resource Center of New York

Appendix B:

Governmental Agency Representatives Interviewed

GOVERNMENTAL AGENCY	BUREAU/OFFICE UNIT	NAME OF PERSON INTERVIEWED	TITLE
Albany County (NY) Department of Health	Division of STD	Jeanne Perras	HIV Counselor
Baltimore City (MD) Department of Health	AIDS Prevention Program	Kevin T. Clemons	Public Information Specialist
California Department of Health Services	Office of AIDS	Anna Ramirez	Chief of Education and Prevention Services Branch
Camden County (NJ) Department of Health	Division for Communicable Disease	Bob Wojnarski	Supervising Field Representative
Dallas County (TX) Department of Health	AIDS Prevention Program	Anne Freeman	HIV Program Manager
District of Columbia Department of Public	Agency for HIV/AIDS	Douglas Griffin	Public Health Advisor
Erie County (NY) Department of Health	AIDS Education Program	Patrick Pruski	Coordinator, AIDS Education
Florida Department of Health and Rehabilitation Services	AIDS Program of Health Rehabilitative Service	Reynald Jean, M.D.	Human Services Program Manager
Nassau County (NY) Department of Health	HIV Bureau	Brian Harper, M.D.	Director, HIV Bureau
Newark City (NJ) Department of Health	AIDS Unit	Nick Macchione	AIDS Coordinator
New Jersey Department of Health	AIDS Division	Ilene O'Conor	Director of Prevention and Education
New York City Department of Health	AIDS Education, Outreach and Community Development Unit	Lavinia Hayes Cozier	Director, AIDS Education, Outreach and Community Development

GOVERNMENTAL AGENCY	BUREAU/OFFICE UNIT	NAME OF PERSON INTERVIEWED	TITLE
New York City Commission on Human Rights	Community Relations Bureau	Charles Brack	Executive Assistant to the Deputy Commissioner
New York City Office of the Mayor	Office on AIDS Policy	Ronald Johnson	HIV Coordinator for New York City
New York State AIDS Institute	Syracuse Office	Michael Copani	Educational Services Field Rep
New York State Assemby	Assembly Committee on Health	Hon. Alber Vann	Past Chairman NYS Association of Black and Puerto Rican Legislators
San Francisco (CA) Department of Public Health	AIDS Office	Valerie Kegebein	Chief, Prevention Services
Texas Department of Health	HIV Prevention	Tommy Rand	Director HIV Education
U.S. Alcohol Drug Abuse and Mental Health Administration	Office of Technology Imorovement	Walter Fagett, M.D.	Program Administrator and Researcher in Substance Abuse
U.S. Centers for Disease Control and Prevention	Office of the	Reuben Warren, D.D.S., Dr., P.H.	Associate Director for Minority Health
Westchester County (NY) Department of Health	Bureau of Disease Control	Karin Rhines	Program Administrator, HIV/AIDS

APPENDIX B

Appendix C:

Organizations Represented by Individuals Participating in or Assisting the Project

A Better Chance Inc., City College, New York, NY
Abyssinian Baptist Church, New York, NY
ADAPT, New York, NY
Addiction Research and Treatment Corporation, HEAL Project, Brooklyn, NY
African Studies Department, Rutgers University, New Brunswick, NJ
AIDS and Adolescents Network, New York, NY
AIDS Center of Queens County, Queens, NY
AIDS Community Services of Western New York, Buffalo, NY
AIDS Council of Northeastern New York, Albany, NY
AIDS/HIV Prevention and Support Services Unit, Rochester, NY
AIDS in the Family, Brooklyn, NY
AIDS Network of Western New York, Buffalo, NY
AIDS Related Community Services, Elmsford, NY
AIDS Resource Center of New York, Supportive Housing Apartment Program, New York, NY
AIDS Rochester, Inc., Rochester, NY
AIDS Task Force, Syracuse, NY
Albany County Health Department, Albany, NY
Albany Medical Center, AIDS Program, Albany, NY
Albion Correctional Facility, Albion, NY
Allen A.M.E. Church, Jamaica, NY
Alonzo Daughtry Family Life Services, Brooklyn, NY
Altamont House, Albany, NY
American Psychiatric Association, Washington, D.C.
Antioch A.M.E. Church, Buffalo, NY
Apple Linkage, Brentwood, NY
Arbor Neld Community Center, Albany, NY
Argus Community, Inc., Brooklyn, NY
Arthur Ashe Institute for Urban Health, State University of New York-Health Science Center at Brooklyn, Brooklyn, NY
Baltimore City Department of Health, Baltimore, MD
Bayview Correctional Facility, Pre Release Service, New York, NY
BBDO, New York, NY
Bedford Central Presbyterian Church, Brooklyn, NY
Bedford Hills Correctional Facility, Westchester County, NY
Bedford Stuyvesant/Crown Heights HIV Network, Brooklyn, NY
Bethany Baptist Church, Brooklyn, NY
Bethel Gospel Assembly, Seekers Christian Fellowship, New York, NY
Black Leadership Commission on AIDS, Inc., New York, NY
Black Veterans for Social Justice, Brooklyn, NY

Board of Emams of Western New York State, Buffalo, NY
Borough of Manhattan Community College, New York, NY
Bronx AIDS Services, Bronx, NY
Brooklyn Adolescent HIV Program, Brooklyn, NY
Brooklyn AIDS Task Force, Brooklyn, NY
Brooklyn Teen Pregnancy Network, Brooklyn, NY
Buffalo-Columbus Hospital, Project Reach, Buffalo, NY
California Department of Health Services, Education and Prevention Service Branch, Sacramento, CA
Calvary Baptist Church, Buffalo, NY
Camden County Health Department, Camden, NJ
Canaan Baptist Church, New York, NY
Caribbean Women's Health Association, Brooklyn, NY
Central New York Addiction Research Treatment Corporation, Syracuse, NY
Central New York AIDS Task Force, Syracuse, NY
Central New York Health Systems Agency, Syracuse, NY
Children's Hospital of Buffalo, Buffalo, NY
Church of the Resurrection Episcopal, East Elmhurst, NY
City of Albany, Albany, NY
City of Newark Department of Health, Newark, NJ
City Services Center, Buffalo, NY
Collins Correctional Facility, Buffalo, NY
Convent Avenue Baptist Church, New York, NY
Cornell University Cooperative Extension Service, Syracuse, NY
Cornell University, Cornell AIDS Action, Gannett Health Center, Ithaca, NY
Covenant House, New York, NY
Create Inc., New York, NY
Crown Heights Youth Collective, Brooklyn, NY
Dallas County Department of Health, AIDS Prevention Project, Dallas, TX
Dunbar Center, Syracuse, NY
Economic Opportunity Commission of Nassau County, Nassau County, NY
Economic Opportunity Council of Suffolk County, Coram, NY
820 Inc., Troy, NY
Elmcor Youth and Adult Activities, Inc., Corona, NY
Ephesus Seventh Day Adventist Church, New York, NY
Erie County Department of Health, AIDS Education, Buffalo, NY
Family Planning Service, Syracuse, NY
Farano Center for Children, Albany, NY
First Baptist Church, Riverhead, NY
Florida Department of Health and Rehabilitation Services, Tallahassee, FL
Frank L. Meyer Health Center, Oswego, NY
Gay Men's Health Crisis, New York, NY
Gay Men of African Descent, New York, NY
Geneva B. Scruggs Community Health Center, Buffalo, NY
George Martin Detention Center, Rikers Island, New York, NY
Girls Club of New York, Bronx, NY
Grace United Church of Christ, Buffalo, NY
Greater Brownsville Youth Council, Inc., Brooklyn, NY
Haitian Coalition on AIDS, Brooklyn, NY
Haitian Community Health Project, Brooklyn, NY
Haitian Women's Program, Brooklyn, NY

Harlem Churches for Community Improvement, New York, NY
Harlem Legal Aid Society, New York, NY
Harris County Health Department, Health Education Division, Houston, TX
Hetrick Martin Institute, New York, NY
Hispanics United of Buffalo, Buffalo, NY
Hunter College, Center on AIDS, Drugs and Community Health, New York, NY
Inter Council Community Fellowship Inc.
Interfaith AIDS Network of Western New York State, Buffalo, NY
Kings County Hospital Center, Brooklyn, NY
Leadership Training Corporation, Hempstead, NY
Legal AID Society, Criminal Appeals Bureau, New York, NY
Lehman College, Department of Nursing, Bronx, NY
Lesbian and Gay Community Service Center, New York, NY
Lesbian and Gay Community Service Center, Youth Enrichment Program, New York, NY
Life Force Women Fighting AIDS, Brooklyn, NY
Little Red School House, Wyandanch, NY
Local 1199 Drug, Hospital and Health Care Union, New York, NY
Loeugan Memorial A.M.E. Zion Church, Buffalo, NY
Los Angeles County Health Department, Los Angeles, CA
Macedonia A.M.E. Church, Flushing, NY
Martin Luther King Institute, Albany, NY
Medgar Evers College of City University of New York, Center for Women's Development, Brooklyn, NY
Medgar Evers College of City University of New York, Department of Sociology and Behavioral Sciences, Brooklyn, NY
Meharry Medical College, Nashville, TN
Men of Color AIDS Prevention Program, New York, NY
Metropolitan Hospital Center, Substance Abuse Program, New York, NY
Minority Health Awareness Program, Buffalo, NY
Minority Task Force on AIDS, New York, NY
Montefiore Hospital and Medical Center, Transitional Services, Bronx, NY
Morehouse College Alumni Association, BQLI Chapter, New York, NY
Mt. Paran Baptist Church, Brooklyn, NY
Mt. Sinai Baptist Church, Brooklyn, NY
Mt. Vernon Neighborhood Health Center, Mt. Vernon, NY
Multicultural AIDS Coalition, Boston, MA
Nassau County Department of Addiction, Hempstead, NY
Nassau County Department of Health, HIV Bureau, Mineola, NY
National Association of Black Psychologists, AIDS Project, Washington, DC
National Association of Black Psychologists, Washington, DC
National Association on Drug Abuse Problems, New York, NY
National Black Nurses Association, Washington, D.C.
National Medical Association, Psychiatry Section, Washington, D.C.
National Medical Association, Washington, D.C.
National Task Force on AIDS Prevention, San Francisco, CA
National Urban League, New York, NY
New Hope Baptist Church, Buffalo, NY
New Jersey Department of Health, AIDS Division, Trenton, NJ
New York Alliance of Black School Educators, New York, NY
New York Black Women's Health Project, New York, NY

New York City Commission on Human Rights, New York, NY
New York City Councilwoman Annette Robinson, Brooklyn, NY
New York City Department of Corrections, Rose M. Singer Center, East Elmhurst, NY
New York City Department of Health, Department of AIDS Education and Outreach, Bronx, NY
New York City Department of Health, HIV Bureau, New York, NY
New York City Department of Health, HIV Education Outreach and Community Development, New York, NY
New York City Department of Health, Lesbian Health Project, Office of Gay and Lesbian Affairs, New York, NY
New York City Department of Health, Office of Gay and Lesbian Affairs, New York, NY
New York City Department of Human Services, Division of AIDS Education, New York, NY
New York City Health and Hospitals Corporation, New York, NY
New York City, Office of the Mayor, New York, NY
New York City Public Schools, HIV/AIDS Technical Assistance Project, New York, NY
New York Medical College, Department of Psychiatry, New York, NY
New York State Assemblyman William Boyland, Brooklyn, NY
New York State Assemblyman Arthur O. Eve, Buffalo, NY
New York State Assemblyman Clarence Norman, Brooklyn, NY
New York State Assemblyman Albert Vann, Brooklyn, NY
New York State Assemblywoman Aurelia Greene, Bronx, NY
New York State Assemblywoman Cynthia Jenkins, Queens, NY
New York State Association of Black and Puerto Rican Legislators, Inc., Albany, NY
New York State DOH, AIDS Institute, Capital District Regional Community Education Committee, Albany, NY
New York State DOH, AIDS Institute, Heart of New York Regional Community Education Committee, Syracuse, NY
New York State DOH, AIDS Institute, Metropolitan New York/Long Island Regional Community Education Committee, New York, NY
New York State DOH, AIDS Institute, Western New York Regional Community Education Committee, Batavia, NY
New York State DOH, AIDS Prison Project, AIDS Institute, Albany, NY
New York State DOH, Metropolitan New York Office of Public Health, New York, NY
New York State DOH, Western Region, Buffalo, NY
New York State Division of Parole, Albany, NY
New York State Senator Velmanette Montgomery, Brooklyn, NY
New York Therapeutic Communities, Inc., Staying Out Criminal Justice Program, Brooklyn, NY
New York Urban League, Healthy Start Project, New York, NY
New York Urban League, New York, NY
Onondaga County Health Department, Syracuse, NY
Outreach Development Corporation, Brooklyn, NY
Park Slope Project Reach Youth, Brooklyn, NY
People with AIDS Coalition, New York, NY
People of Color in Crisis, Brooklyn, NY
Peoples Community United Church of Christ, Buffalo, NY
Phase Piggy Back, Inc., New York, NY
Phoenix House Foundation, Inc., New York, NY
Planned Parenthood of Nassau County, Hempstead, NY
Planned Parenthood of New York City, New York, NY
Project Return, Inc., New York, NY
Providence House, Brooklyn, NY
Reality House, Inc., New York, NY
Red Cross of Greater Buffalo, Buffalo, NY

Red Cross of Rochester, Rochester, NY
Red Cross of Syracuse, Syracuse, NY
Rural Opportunities, Inc., Milton, NY
Ruth House, Buffalo, NY
Safe Space, New York, NY
Saint Luke A.M.E. Zion Church, Buffalo, NY
Saint Paul A.M.E. Zion Church, Buffalo, NY
Saint Paul Community Baptist Church, Brooklyn, NY
San Francisco Department of Public Health, Prevention Services, San Francisco, CA
Schnectady Family Health Services, Schnectady, NY
Self Help Inc. of Albany, Albany, NY
Southeast Bronx Neighborhood Centers, Bronx, NY
Southern Tier AIDS Program, Inc., Johnson City, NY
Sports Foundation, Inc., Bronx, NY
St. Augustine's Center, AIDS Education Program, Buffalo, NY
State University of New York at Albany, Albany, NY
Suffolk County Department of Health, Coram, NY
Syracuse City Schools, Syracuse, NY
Tampa Hillsborough Action Plan, Tampa, FL
Texas State Department of Health, HIV Division, Austin, TX
The Amsterdam News, New York, NY
The Equitable, New York, NY
Tyron Residential Center, Johnstown, NY
U.S. Centers for Disease Control and Prevention, Office of Minority Health, Atlanta, GA
U.S. Department of Health and Human Services, Office of Technology Improvement, ADAMHA, Rockville, MD
United Methodist Church, Buffalo, NY
United Tenants of Albany, Albany, NY
University of Medicine and Dentistry of New Jersey, Newark, NJ
Upper Manhattan Task Force on AIDS, New York, NY
Urban League of Long Island, Central Islip, NY
Urban League of Onondaga County, Syracuse, NY
WBLS Radio, New York, NY
Westchester County Department of Health, Hawthorne, NY
Whitney M. Young, Jr. Health Center, Albany, NY
Whole Heart Support Group, New York, NY
William F. Ryan Health Center, New York, NY
WLIB Radio, New York, NY
Women and AIDS Resource Network, Brooklyn, NY
Women in Crisis, New York, NY
Women's Prison Association, Transitional Services Unit, New York, NY

Appendix D:

Individuals Participating in or Assisting the Project

Abdul-Malik, Luqman, Associate Director, National Association on Drug Abuse Problems, New York, NY

Abdullah, Khalil R., Senior Counselor, Phase Piggy Back, New York, NY

Abdul-Raheem, Khalid, HIV Outreach Worker, Black Veterans for Social Justice, Brooklyn, NY

Addo, Desiree, Correction Officer, Bedford Hills Correctional Facility, Westchester County, NY

Adeola, Nafeeza, Coordinator of Health Education, Greater Buffalo Chapter, American Red Cross, Buffalo, NY

Adeyola, Imam Sabu Daoud, Chair, Board of Imams of Western New York State and Chaplin, Collins Correctional Facility, Buffalo, NY

Ain-Davis, Dana, Director, Research and Development, Bronx AIDS Services, Bronx, NY

Ajuluchukwu, M.D., Director of Research, Addiction Research and Treatment Corporation, Brooklyn, NY

Akalonu, Reverend Austin, Bethel Gospel Assembly, Seekers Christian Fellowship, New York, NY

Alger, Kathy, Onondaga County Health Department, Syracuse, NY

Alligood Doug, Vice President, Special Markets, BBDO, New York, NY

Anders, Pat, AIDS Program, A-158 Albany Medical Center, Albany, NY

Andrew, A., Superintendent, Albion Correctional Facility, Albion, NY

Atkinson, Sarah B., Nurse Administrator, Department of Corrections, Rose M. Singer Center, East Elmhurst, NY

Bailey, Kenneth, Morehouse College Alumni Association, BQLI Chapter, New York, NY

Ballard, Deborah, Arbor Neld Community Center, Albany, NY

Bandele, Ph.D., Safiya, Director, Center for Women's Development, Medgar Evers College, Brooklyn, NY

Barnette, Betty, Treasurer, City of Albany, Albany, NY

Bastien, M.D., Arnaud, Research Associate, HIV Programs, Health Project and AIDS Prevention Center, State University of New York, Health Science Center at Brooklyn, Brooklyn, NY

Bayne-Smith, Ph.D., Marcia, President, Caribbean Women's Health Association, Brooklyn, NY

Beach, Barbara, Executive Director, Multicultural AIDS Coalition, Boston, MA

Beatty, Michael, Associate Executive Director, AIDS Rochester, Inc., Rochester, NY

Belin, Reverend Roderick D., Assistant Pastor, Allen A.M.E. Church, Jamaica, NY

Bell, M.D., Anne, Chairperson, Psychiatry Section, National Medical Association, Washington, DC

Bellinger, George, Jr., Former Coordinator of Education and Public Information, Minority Task Force on AIDS, New York, NY

Benjamin, Monica, Kings County Hospital, New York City Health and Hospitals Corporation, Brooklyn, NY

Bennett, Reverend Anthony, St. Paul Community Baptist Church, Brooklyn, NY

Benson, Kim, Youth Enrichment Program, Lesbian and Gay Community Center, New York, NY

Bethea, Michael, Program Director, ADAPT, New York, NY

Bichart, Barbara, Director, Youth Enrichment Program, Lesbian and Gay Community Center, New York, NY

Bishop, Jacquie, Whole Heart Support Group, New York, NY

Bolden, Reverend Maurice L., Pastor, Calvary Baptist Church, Buffalo, NY

Brack, Charles B., Executive Assistant to the Deputy Commissioner, New York City Commission on Human Rights, New York, NY

Brathwaite, Ph.D., Noel, Project Director, AIDS Project, National Association of Black Psychologists, Washington, DC

Bresnahan, Sister Marie, Coordinator of Health Education, Covenant House, New York, NY

Bronner, Reverend Troy, Pastor, United Methodist Church, Buffalo, NY

Brown, Loretta, Director, Pre Release Service, Bayview Correctional Facility, New York, NY

Browne, Ruth, Arthur Ashe Institute for Urban Health, State University of New York Health Science Center at Brooklyn, Brooklyn, NY

Broyles, Gregg, Director, Office of Gay and Lesbian Affairs, New York City Department of Health, Men of Color AIDS Prevention Program, New York, NY

Bull, Collin, Harlem Legal Aid Society, New York, NY

Bullen, Kenneth, Homeless Prevention Counselor, United Tenants of Albany, Albany, NY

Burton, Yvette, Director, Lesbian Health Project, Office of Gay and Lesbian Affairs, New York City Department of Health, New York, NY

Butcher, M.D., Richard O., Immediate Past President, National Medical Association, San Diego, CA

Caine, M.D., Virginia, National Medical Association and University of Indianapolis School of Medicine, Indianapolis, IN

Campbell, Linda, Executive Director, Minority Task Force on AIDS, New York, NY

Carson, Frank, Gay Men's Health Crisis, New York, NY

Cassidy, Tracie, Farano Center for Children, Albany, NY

Chambers, Yvonne, Executive Director, Women and AIDS Resource Network, Brooklyn, NY

Cheron-Merlin, Gina, Program Coordinator, Brooklyn AIDS Task Force, Brooklyn, NY

Childs, Mary, AIDS Education Program, St. Augustine's Center, Buffalo, NY

Christopher, Reverend James G., Pastor, Saint Paul A.M.E. Zion Church, Buffalo, NY

Clarke, William, Representing New York State Assemblyman William Boyland, Brooklyn, NY

Clemons, Kevin T., Public Information Specialist, Baltimore City Department of Health, Baltimore, MD

Copani, Michael, Educational Field Representative, AIDS Institute, New York State Department of Health, Syracuse, NY

Coverdale, Reverend Charles, First Baptist Church, Riverhead, NY

Coyle, Barbara, Southern Tier AIDS Program, Inc., Johnson City, NY

Crawford, Gary L., Syracuse City Schools, Syracuse, NY

Cress-Welsing, M.D., Frances, Psychiatrist, New York, NY

Crinnin, Michael, Central New York AIDS Task Force, Syracuse, NY

Cummings, Angella, Caribbean Women's Health Association, New York, NY

Da Silva, Mari Nobles, Director, Women in Crisis, New York, NY

Daniels, Helen, Executive Director, Upper Manhattan Task Force on AIDS, New York, NY

Daughtry, Herbert, Alonzo Daughtry Family Life Services, Brooklyn, NY

Davis, Reverend Arthur L., Pastor, Grace United Church of Christ, Buffalo, NY

Davis, Darwin, Senior Vice President, The Equitable, New York, NY

Deas, M.D., Gerald, Radio Host and Newspaper Columnist, WLIB Radio and The Amsterdam News, New York, NY

DelValle, Davine, Director of Transitional Services, Montefiore Hospital and Medical Center, Bronx, NY

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Dittman, Sharon, Cornell AIDS Action, Gannett Health Center, Cornell University, Ithaca, NY

Djabi, M. Salihou, Muslim Chaplain, George Martin Detention Center, Rikers Island, New York, NY

Dobbs-Butts, M.D., June, Associate Professor of Psychiatry, Meharry Medical College, Nashville, TN

Dossous, Eugena, Community Health Worker Program, Little Red School House, Wyandanch, NY

Douglas, Frederick, Project Director, Southeast Bronx Neighborhood Centers, Bronx, NY

Drayton, Ronald, Project Coordinator, HEAL Project, Addition Research and Treatment Corporation, New York, NY

Dukes, Leon E., Board Coordinator, Martin Luther King Institute, Albany, NY

Dunn, Meg, Health Educator, Frank L. Meyer Health Center, Oswego, NY

Dupree, Reverend Daniel, Convent Avenue Baptist Church, New York, NY

Durand, Ph.D., Yannick, Director of Education, Brooklyn AIDS Task Force, Brooklyn, NY

Eastman, Connie, Program Specialist and AIDS Program Officer, Los Angeles County Health Department, Los Angeles, CA

Eastman, Valerie, Director, Project Reach, Buffalo-Columbus Hospital, Buffalo, NY

Eaton, Darryl, Counselor, Staying Out Criminal Justice Program, New York Therapeutic Communities, Inc., Brooklyn, NY

Edwards, Deborah, Licensed Practical Nurse, William F. Ryan Health Center, New York, NY

Edwards, Joan, Interim Director, HIV/AIDS Technical Assistance Project, New York City Public Schools, New York, NY

El-Amin, Jihad, Substance Abuse Case Manager, AIDS Council of Northeastern New York, Albany, NY

Faggett, M.D., Walter, Program Administration and Researcher in Substance Abuse, Office of Technology Improvement, ADAMHA, U.S., Department of Health and Human Services, Washington, DC

Fain, Shiheem D., HIV/AIDS Coordinator, Red Cross of Syracuse, NY, Syracuse, NY

Fairweather, Lorna, Director of AIDS Programs, Caribbean Women's Health Association, Brooklyn, NY

Felker, Barbara, Legislative Director for New York State Senator Velmanette Montgomery, Brooklyn, NY

Ferguson, Harold, Criminal Appeals Bureau, Legal AID Society, New York, NY

Figueras, Alicia, Apple Linkage, Brentwood, NY

Ford, Al, Nassau County Department of Addiction, Hempstead, NY

Forys, Linda, Health Education Division, Harris County Health Department, Houston, TX

Fraser-Howze, Debra, Executive Director/Chief Executive Officer, Black Leadership Commission on AIDS, Inc., New York, NY

Freeman, Ann, HIV Program Manager, AIDS Prevention Project, Dallas County Department of Health, Dallas, TX

Gaetano, Gina, Supervising Coordinator, Self Help Inc. of Albany, Albany, NY

Garth, Jory, AIDS Coordinator, Create Inc., New York, NY

Gentile, Jackie, Director, Rehabilitative Services, Altamont House, Albany, NY

Georges, R.N., C. Alicia, Past President, National Black Nurses Association and Lehman College Department of Nursing, Bronx, NY

Gibbs-Bryant, Shirley, Director of Intensive Case Management Care, Mt. Vernon Neighborhood Health Center, Mt. Vernon, NY

Gordon, Beverly, Health Coordinator, Outreach Development Corporation, Brooklyn, NY

Grace, Diane, Schnectady Family Health Services, Schnectady, NY

Graham, Yvonne, Executive Director, Caribbean Women's Health Association, Brooklyn, NY

Graham, David, Program Director, Youth Services, Dunbar Center, Syracuse, NY

Graham, Reverend Robert, Pastor, Saint Luke A.M.E. Zion Church, Buffalo, NY

Grant, Reverend Clarence, Convent Avenue Baptist Church, New York, NY

Greene, Richard, Executive Director, Crown Heights Youth Collective, Brooklyn, NY

Griffin, Douglas, Public Health Advisor, Division of AIDS Education, Department of Human Services, Washington, D.C.

Griffin, William, Primary Care Coordinator, HIV Unit, Reality House, Inc., New York, NY

Guiles, Jane, Coordinator, Central New York Addiction Research Treatment Corporation, Syracuse, NY

Hall, Essie, HIV Coordinator/Health Educator, Project Return, Inc., New York, NY

Hall, Joyce, Executive Director, Greater Brownsville Youth Council, Inc., Brooklyn, NY

Hameed, Azzaam, Youth Division Counselor, Tyron Residential Center, Johnstown, NY

Harper, M.D., MPH, Brian, Director, HIV Bureau, Nassau County Department of Health, Mineola, NY

Harris, Ruth, Health Educator, Center on AIDS, Drugs and Community Health, Hunter College, New York, NY

Harrison-Ross, M.D., Phyllis, Director, Department of Psychiatry, New York Medical College, New York, NY

Hastick, Harris Eda, Department of Sociology and Behavioral Sciences, Medgar Evers College of CUNY, Brooklyn, NY

Hayes-Cozier, Ravinia, Director, HIV Education Outreach and Community Development, New York City Department of Health, New York, NY

Hill, Anne, Director of Programs, National Urban League, New York, NY

Hill, Ph.D, Marjorie, Assistant Vice President of Special Projects, New York City Health and Hospitals Corporation, New York, NY

Hunter, Ronald, Community Liaison, Center for Development of Human Services, State University at Buffalo, Buffalo, NY

Ideola, Leteza, Coordinator of Education, Red Cross of Buffalo, Buffalo, NY

Jackson, Mel, Leadership Training Institute, Hempstead, NY

Jackson, Shannon, Independent Consultant, Philadelphia, PA

Jackson-Brewer, Karla, African Studies Department, Rutgers University, New Brunswick, NJ

Jean, M.D., Reynald, Human Services Program Manager, Florida Department of Health and Rehabilitation Services, Tallahasse, FL

Johns, Nathan, Director of AIDS Education, Economic Opportunity Council of Suffolk County, Coram, NY

Johnson, Eve, Acting Director, New York Black Women's Health Project, New York, NY

Johnson, Florence, Associate Professor of Education, College Learning Laboratories, State University College at Buffalo, Buffalo, NY

Johnson, M.D., Robert, Professor of Clinical Pediatrics and Clinical Psychiatry, University of Medicine and Dentistry of New Jersey, Newark, NJ

Johnson, Ronald, HIV Coordinator for New York City, Office of the Mayor, New York, NY

Johnson, Reverend Wayne Arthur, Pastor, Antioch A.M.E. Church, Buffalo, NY

Jones, Reverend Clifford, Ephesus Seventh Day Adventist Church, New York, NY

Jones, Hampton, Program Director, 820 Inc., Troy, NY

Jones, Richard, Dean, Borough of Manhattan Community College, New York, NY

Jorin-Welch, Denise, Community Educator, Hispanics United of Buffalo, Buffalo, NY

Kalinoski, Jean, Director of HIV Services, Planned Parenthood of New York City, New York NY

Kaudeyr, Khaledah, Assistant Director, HIV/AIDS Services, Red Cross of Buffalo, Buffalo, NY

Kegebein, Valerie, Chief, Prevention Services, San Francisco Department of Public Health, San Francisco, CA

Kreeber, Randi, AIDS Task Force, Syracuse, NY

Kerr, Nathan, Executive Director, People of Color in Crisis, Brooklyn, NY

Lacy, James A., Executive Director, Economic Opportunity Commission of Nassau County, Nassau County, NY

Lassiter, Linda, Director, Outreach Projects, Planned Parenthood of Nassau County, Hempstead, NY

Latimer, Charlene, Program Director, Park Slope Project Reach Youth, Brooklyn, NY

Lawrence, M.D., Leonard E., President, National Medical Association, Washington, DC

Lee, Claudia, Director Program Operations, AIDS Prison Project, AIDS Institute, New York State Department of Health, Albany, NY

APPENDIX D

Lenihan, Sister Marie, Program Director, Providence House, Brooklyn, NY

Lescouflair, Pierre, Apple Linkage, Brentwood, NY

Lewis, Angela, Whitney M. Young, Jr. Health Center, Albany, NY

Lewis, Reverend James A., Pastor, Loeugan Memorial A.M.E. Zion Church, Buffalo, NY

Lewis, Jeannie, HIV Counselor, Operation PAR - Florida, Miami, FL

Lewis, Sarah L., Conference Director, St. Paul A.M.E. Zion Church, Buffalo, NY

Lewis, Terry, Project Coordinator, AIDS and Adolescents Network, New York, NY

Littlejohn, Melanie, Deputy Director, Urban League of Onondaga County, Syracuse, NY

Lucas, Mark, Coordinator of Community Outreach Program, Geneva B. Scruggs Community Health Center, Buffalo, NY

Lucas, Nancy, A Better Chance Inc., City College, New York, NY

Lyles, Ph.D., William, Past President, National Association of Black Psychologists, Washington, DC

Macchione, Nick, AIDS Coordinator, City of Newark Department of Health, Newark, NJ

Markham, Holly, Life Force Women Fighting AIDS, Brooklyn, NY

Matthews, Martin, Graduate Student, State University of New York at Albany, Albany, NY

McCall, Reverend Lauden I., Pastor, Peoples Community United Church of Christ, Buffalo, NY

McCowan, Ph.D., Richard J., Professor and Director of Education, Center for Development of Human Services, State University College at Buffalo, Buffalo, NY

McDuffie, Fran, HIV Counselor, Project Reach, Buffalo, NY

McGill, Daisy, Hispanics United of Buffalo, Buffalo, NY

Meadows, Edith, Data Entry Coordinator, Center of Development of Human Services, State University at Buffalo, Buffalo, NY

Mecs, Helen, Director of Public Information, Argus Community, Inc., Bronx NY

Middleton, LaTanya, AIDS Council of Northeastern New York, Albany, NY

Miles, Doris P., President, Urban League of Long Island, Central Islip, NY

Miller, Reverend Michael, New York State Department of Health, Western Region, Buffalo, NY

Modeste, Leon, President and Chief Executive Officer, Urban League of Onondaga County, Syracuse, NY

Modeste, Rhea A., AIDS in the Family, Brooklyn, NY

Montague, Kathy, HIV Network Coordinator, Bedford Stuyvesant/Crown Heights HIV Network, Brooklyn, NY

Moore, Dana P., Coordinator Teen Advocate, Planned Parenthood of Nassau County, Hempstead, NY

Moore, Pearl L., Lay Person, Saint Luke A.M.E. Zion Church, Buffalo, NY

Morris, Carol, Executive Director, Mt. Vernon Neighborhood Health Center, Mt. Vernon, NY

Moshette, Sydney, Executive Director, Reality House, Inc., New York, NY

Neil, Reverend Clive, Bedford Central Presbyterian Church, Brooklyn, NY

Nelson, Mennie, Community Liaison, Brooklyn Teen Pregnancy Network, Brooklyn, NY

O'Connor Ilene, Director of Prevention and Education, AIDS Division, New Jersey Department of Health, Trenton, NJ

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APPENDIX D

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